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ORIGINAL ARTICLES.

THE PAST, PRESENT AND FUTURE OF ABDOMINAL AND PELVIC SURGERY.

Read in the Section of Surgery and Anatomy at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY JOSEPH PRICE, M.D.,
OF PHILADELPHIA, PA.

Under this title I purpose to discuss briefly the salient features of pelvic surgery at and before its recognition as a legitimate practice, its aims and accomplishments, as now improved, and the possibilities of its attainments by future perfectionment. My paper shall be neither historical, statistical, nor bibliographical, but shall be a concise statement of facts and practice, and of the lines of improvement as I see them.

Standing, as we now do, amid the wonderful successes of the present surgery, we are prone to accredit nothing to the past save its feeble efforts and frequent failures. This is neither just nor reasonable. Pioneers in every line of work, scientific or mechanical, or both, have the rubbish of ages to clear away, the superstitions of all who preceded them, and the prejudices of those who surround them. No man controlled in his actions or habit of thought by a prejudice, doubts for an instant that it does not protect him from error. Here, then, was the field upon which were fought the first battles of pelvic surgery. The first operators, had they defiled the temple, could have suffered no greater condemnation than was heaped upon them for invading the sanctity of the abdomen. The horns of a mad bull might tear it, but the surgeon's knife must never enter it! The early operators must needs, then, tear down opposition built upon superstition, ignorance and prejudice, and lay the foundations upon which is reared the successes of to-day. Their mistakes made possible our successes; their trials made possible our accomplishments; their failures warn us against errors. The first great advance in abdominal and pelvic work, upon which depended all subsequent successes, was the intraperitoneal treatment of the pedicle. This fact stands out too boldly to necessitate a moment's argument. Then followed the introduction of Listerism, which, fundamentally correct in idea, wrought death by chemicals instead of dirt. Even now this opinion may be disputed; but ere long it will be the rule to keep harmful disinfectants as far away from the abdomen as fetid pus or other filth. It stands proven that cleanliness may be and constantly is obtained without the aid of any chemicals whatsoever. This opinion I have always held, and have never, in any operation of my own, used chemical disinfectants in any form whatever.

Now, as we have learned all this from the experience of our predecessors, so much of our present success is due to the appreciation of early operation, both in obscure disease and well-marked lesions. That "procrastination is the thief of time," and fills unnecessarily many a grave, was too long in being recognized as a surgical maxim. Even yet the "conservative surgeon," conserving his fees while his patient loses her life, hangs upon the skirts of Progress and impedes her strides. Let no man deceive himself into imagining that delay is conservatism. Delay is the fool's paradise, where laggards wait for luck, instead of pluck, to carry them to success. If any man doubts the advantages of early operation in all phases of abdominal and pelvic disease, be he surgeon, general practitioner, or electropathist, I would urge upon him to read Dr. Bantock's "Plea for Early Ovariotomy."

But now that we have learned to operate early, we have come to modify our methods of operating. Formerly the array of instruments marshalled at an abdominal section was appalling to the spectator and confusing to the surgeon; several tables did not suffice to hold them; their names could be held only by the maker's catalogue, ranging, as they did, from the vaccine scarifier to the amputating knife. Now the rule is simplicity; the fewer the instruments, the less is the chance for dirt and confusion, and the greater that for speed. By speed I do not mean haste and hurry. Quick, earnest, thorough work, with no time lost in discussing pathology and specimens, no considering of methods, no delay over the less important portions of the operation, are vast factors in obtaining good results. We have now not only learned to work, but to recognize what is best done and what is best avoided as a rule.

Formerly "death by peritonitis" was a constant report after section. No cause could be assigned in many instances. Finally it was divined that three causes were at work giving these bad results: Hæmorrhage from adhesions, hæmorrhage from badly tied ligatures, and an imperfectly cleansed abdomen and pelvis. This discovery brought into use the drainage tube and pelvic irrigation, which at the present time has advanced to absolute flushing with a gravity tube. I can not too strongly urge upon operators the value of this in washing up débris from the pelvic cavity, that otherwise would remain to infect the patient. Notwithstanding the cry of alarm lately raised by a French operator as to the procedure, his fears can be passed over as groundless and the practice confidently recommended as harmless and indispensable to perfect results in many cases. Cleanliness, water and good surgery are the very best of all antiseptics.

Now, as débris was found to be the cause of many bad results, so hæmorrhage from bad tying of the pedicle was the cause of great mortality. This led to careful investigation of the after-conduct of both ligature and stump. It was found that the stump did not slough, but organized, and that the ligature became encysted. This fortified the practice of leaving a good button without fear, and led to the employment of as small a ligature as possible; or, rather, it is now leading to this. Great or heavy ligatures are dangerous in being less likely to tie well, and in being less apt to become encysted.

The treatment of incipient peritonitis as now generally adopted by abdominal surgeons, if practiced by the general profession, would be a distinct advance in general medicine. I refer to the use of saline purgation, or, if that is impracticable, to the free use of small doses of calomel. The efficacy of this treatment is so well attested that no man should hesitate to use it in threatening cases, general or surgical. Experience has shown that violent attacks of peritonitis, almost or quite general, will yield to this treatment, though the attack may be due to breaking pus-tubes; the abdomen, painful to the lightest touch and tight as a drum, will become soft and natural. The opiate treatment can give no such showing as this.

From the standpoint of present knowledge the causation of pyosalpinx as related to gonorrhœa is worthy of distinct mention. With its after-effects in view, gonorrhœa in women must receive much more careful treatment in the future than it has in the past. It has been regarded in the female as a disease of only the slightest importance; henceforth it must be considered as being the possible cause of the most serious pelvic disease found in women. Only those fail to recognize this fact who blindly follow tradition or refuse to face facts.

Another pelvic disease whose treatment is revolutionized, and whose surgery now remains to be written, is perityphlitis, simple or complicated with appendicitis. Heretofore the treatment has been tentative; now it is positive and radical, displacing weeks of suffering by speedy cure. The surgery of intestinal obstruction needs in great part re-writing in most of our text-books. Patients are no longer permitted to die of volvulus, stab or gun-shot wounds. Within the last year Senn's hydrogen test has been a giant stride in diagnosis, while the treatment, now that anastomosis offers a comparatively simple measure for serious lesions, will be much safer.

But while there has been a positive advance in the lines indicated, even during the last few months in other directions, there has been a positive retrogression. I refer to the attempted substitution of electricity for positive surgical interference in abdominal and *pelvic* disease. Like all other novelties and promised cure-alls, electricity has gathered about it men who have failed, men who are fearful, by reason of the bad results of others, and men who reach out for any treatment that promises the most with the least trouble and worry. Pelvic surgery is not play, nor should those who are children mentally attack it. If there be a better treatment than the knife for the numerous pelvic troubles we have to deal with, we should welcome it as lessening our work and adding to our days.

What I demand of the electrical claimants is to furnish proof of their results. When I am called finally to operate upon a patient who has been for weeks under the treatment of currents and counter-currents, and find her no better and her adhesions reduced not one jot, not only no better, but worse, must I accept the reports of cures in identical cases simply on the affirmation of enthusiasts, often incapable of making a correct diagnosis?

Positive surgery is sure of its ground, knows what it can accomplish by what it has done, and refuses to yield its vantage on mere theory and mere assertion. To a man who has had some measure of surgical success these electropaths exclaim: "Not every one can expect such results, nor can every one do pelvic surgery; something must be left for the average surgeon." Flattering to the true surgeon as this may seem, it is revolting. The same argument would justify counterfeiting. Again they say: "Electricity is in its infancy in application; we do not know its possibilities, nor its limitations." If there is any limitation to its results, as claimed, I, for one, would like to know them. Two or three conditions are certainly all for which it has not been claimed as a remedy in abdominal or pelvic surgery. For an infant its prowess and accomplishments are most wonderful. That some successful surgeons have identified themselves with this

treatment is no argument for its general acceptance. Practitioners from the regular school have deserted to homœopathy, yet the vast majority of us believe that homœopathy is a delusion. So with electricity; Keith may advocate it, yet this does not prove Keith's surgery a failure, nor the abandonment of his art a logical proceeding. His success in the surgery of fibroid tumors was marvellous, considering the kind of cases he dealt with. Electricity has no conquests to boast with such cases as these. The error is in supposing that hysterectomy for minor tumors is as fatal as in Keith's terrible cases, and that because electricity is capable of producing electrolytic effects outside of the body on small growths, it is capable of acting within the body, where the strength of the current is necessarily limited and the resistance great.

In the light of all this we must demand positive proof, all the more because those who apply the treatment are not in harmony as to the reason for the results claimed. Some affirm it is the electrolytic effects, while others hold to the mechanical result of puncture to originate a change that then goes on of itself. Again, some maintain that the action of the current is simply peripheral, while others insist upon a through-and-through action by reason of a "transport of elements." Such a divergence in essentials must be reconciled in any theory before it can be recognized as scientific. All I need say of this plan of destroying and curing a variety of diseases is that it has many drawbacks, and is so inferior to other and established methods that it should never be adopted; the results are strictly unsatisfactory.

Leaving this matter, I must refer briefly to the surgery of ectopic gestation. In no other fatal accident has the treatment undergone such a change as in this. After rupture there is no question as to treatment. Tait's wonderful success has established the rule: *Open the abdomen, tie the broad ligament, clean out the peritoneum, and drain.* There is no uncertainty as to the treatment of this murderous accident. All other methods are unscientific and crude in comparison with this, the safest and most perfect of our surgical triumphs. Before rupture we are again confronted by the electrical theorists, who here, as before, claim more than they prove. It is worthy of comment that, with few exceptions, the men who work entirely outside of the abdomen are most skilful in diagnosticating internal troubles. I believe I am safe in saying that not one-fourth of the cases diagnosticated as ectopic gestation, cured by electricity, have ever been verified; while it is a well-known fact that most of all the cases primarily judged ectopic either turn out normal, or else are not pregnancies at all. While this is so, neither the value of electricity as a feticide, nor the after-results of its application, can be intelligently discussed.

One other operation requires notice. I refer to the so-called improved Cæsarean section. The success of this operation as now practiced is largely due to the same factors of improvement as make other abdominal operations less fatal when compared with earlier attempts. Sænger's introduction of the peritoneum into the line of suture need not be considered as really indispensable, as he himself admits its omission when there is no marked contraction of the peritoneum, nor bulging of the uterine tissue. It is questionable whether any Cæsarean section should be done without entire removal of the uterus, thereby saving the mother the danger of a second operation. The removal of the pregnant uterus, besides being a speedier operation, is a safer one. It is right, I think, to give the mother the benefit of every chance.

Briefly considered, the future of abdominal surgery must, so far as improvement is concerned, rely on such steps as will simplify technique and render operation still speedier. That a better anæsthetic than ether may be discovered, or a means by which chloroform may be safely used, is an end earnestly to be desired.

In intestinal operations the general ability to apply sutures and resect rapidly must be the requirements of success. Too many failures in intestinal suturing is the greatest cause of mortality in these cases.

EPILEPSY CAUSED BY INTRA-NASAL DISEASE.

Read in the Section of Laryngology and Otology, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY FRED. S. CROSSFIELD, M.D.,
OF HARTFORD, CONN.

Within a few years certain nervous phenomena, the causes of which have not been positively ascertained, or have been attributed to other organs, have finally been traced to some existing disease within the nasal passages or pharynx.

Hay fever, or hyperæsthetic rhinitis, manifests itself in a hyperæsthesia of the mucous membrane of the nose, or in an irritable condition of the nerve filaments distributed to this membrane. The existence in the nose of well-defined sensitive areas has been demonstrated. The application of the galvano-cautery to these spots is often successful in permanently curing this distressing disease.

Since the report of a case of asthma from intra-nasal disease by Voltolini in 1871, numerous other cases of a like nature have been reported from time to time by various observers. I have no doubt, as time goes on and nasal surgery becomes more thoroughly and generally understood, we shall be able to trace other nervous phenomena heretofore mysterious to pathological malformations of the nose or naso-pharynx.

In February, 1886, a young man consulted me

with the following history: Nationality, American; age, 20; occupation, an accountant; habits faultless. He was considerably emaciated, complexion sallow, had a hacking cough, which at night became paroxysmal and so severe as to greatly interfere with sleep. Headache almost constantly, night sweats occasionally, appetite varying, but most of the time poor. For six years had an epileptic seizure about twice a month, sometimes oftener. The family history was exceptionally good. He was very ambitious, but had no confidence in himself whatever. He shunned society, did not dare to go into any public gathering; seemed to be in constant apprehension.

During these six years he took bromides in some form most of the time, with cod liver oil, hypophosphites, and various cough mixtures, without any apparent benefit. Having exhausted about every known means for relief, he was sent to me, with the above history. He thought he had consumption, and his general appearance indicated it. His chest expansion at this time was but 1½ inch. By the most careful and painstaking examination of the lungs, I found nothing to warrant the suspicion of consumption.

Large and small mucous râles were heard indistinctly on both sides of the chest; they were inconstant and changeable as to situation. Heart normal. The epileptic attacks being the most distressing trouble, and increasing in frequency, I very naturally directed my attention to this condition. But notwithstanding the administration of bromides in various doses, with good tonics and nutritious diet, the attacks occurred with about the same regularity, and became rather more severe in character.

In one of his visits to my office the young man seemed to be breathing with some difficulty. Upon close questioning, I ascertained that for years he had breathed almost entirely through the mouth. Becoming habituated to the habit it gave him no great discomfort. He remarked that he never should have thought of consulting me for that, as he could not remember ever breathing any other way.

Examination of the anterior nares showed: right side, marked hypertrophy of the inferior turbinated body, with almost complete stenosis. Left side, marked deviation of the septum, with some exostosis in the form of a sharp angle, which pressed against the inferior turbinated body, which was also considerably hypertrophied. The mucous membrane throughout a deep reddish hue, and bathed with a muco-purulent secretion which was abundant, especially in the left nostril. The exostosis and deviation of the septum to the left, leaving a space beneath, permitted more air to pass through the left nares. The hearing being nearly normal showed that the orifices of the Eustachian tubes were not encroached upon to any great extent. Examination of the posterior nares showed a mass of hypertrophied adenoid tissue of the naso-pharynx. I have never seen a more marked case of enlargement of the pharyngeal tonsil. The membrane of the pharynx presented a granular appearance, venous engorgement giving the parts a deep reddish color. There was some thickening and elongation of the uvula and also slight enlargement of the tonsils. All of these changes more marked upon the right side. Hoarseness was rarely present in this case. The pathological changes in the larynx were found to be slight. There was some venous congestion with very slight enlargement of the epiglottis. I have given the pathological changes somewhat at length to show how little discomfort is caused in some instances by conditions which in their ultimate effects are often serious.

I removed the hypertrophied membrane of the inferior turbinated bodies on both sides with the galvano-caustic snare, and afterwards a portion of the right inferior turbinated bone with the Bucklin saw. The exostosis of the septum on the left side was also removed with the nasal saw. Finding the left nasal space still too contracted I straightened the deviation of the septum by means of Steels, punch and forceps. The adenoid growth in the naso-pharynx was removed entirely in three operations with the pharyngeal cutting forceps. As a result of this treatment the general health began to improve rapidly. The cough ceased, the appetite returned. In six months the patient gained 20 lbs. in weight. Has had but one epileptic seizure, and that occurred during the first treatments. It is now three years since the last treatment and he is perfectly well, and has had no more epilepsy whatever. His chest expansion is 4 inches and his nasal breathing is perfect.

The second case came to my notice in December, 1888. The patient, a young man 17 years old, was well nourished, full blooded and rather large for his age. Had epilepsy since the age of 9 or 10. His general health had not suffered materially. This patient, like the first, had been under treatment for his epilepsy constantly, with no apparent benefit. Without going into the particulars of this case I will simply say, that there was absolute nasal stenosis with the consequent oral breathing. The nasal septum was quite straight. The right and left inferior turbinated bodies were hypertrophied, filling the cavities. There was some enlargement of the pharyngeal tonsil, but not enough to require surgical interference. The pharynx as a whole was very little implicated, and the larynx not at all. The epileptic seizures were frequent, occurring two or three times a week, and occasionally one or more a day. The hypertrophied membrane of the turbinated bodies was thoroughly removed with the cautery loop and knife. After the first operation the fits were less frequent. Am sorry to say this case passed out of my hands. His

family moved away, and I have not since seen him. But at last accounts he had had no fits for eight weeks. He had never gone that length of time before without several attacks.

In the past few years much of the misery of this world has been laid to the organ of smell, and justly too, no doubt, in many cases. That epilepsy has other causes goes without saying, but the favorable result of the treatment in the first case, with the entire disappearance of the conditions named, and the unmistakable improvement in the second, is proof without any reasonable doubt that, in these cases at least, the condition found in the nares and naso-pharynx was accountable for it all. If in these two cases why not in others?

Since the completion of this paper I have ascertained through the brother of the patient referred to in case No. 2 that the young man had a very slight convulsion immediately after removing from town, about a week after the last operation, since which time there has been no recurrence. It is now about five months since the last convulsion.

EPIDEMIC INFLUENZA.

Read before the St. Louis Academy of Medicine.

BY WILLIAM PORTER, M.D.,

PROF. LARYNGOLOGY AND DISEASES OF THE CHEST IN THE COLLEGE OF PHYSICIANS AND SURGEONS, ST. LOUIS.

Mr. President and Fellows of the Academy: In compliance with your request to open the discussion upon this subject, I find myself somewhat at a disadvantage. The absence of reliable statistics regarding the prevalence and progress of this now wide-spread disease makes its exact study somewhat difficult. Doubtless many cases have been reported as of epidemic origin which were but ordinary catarrhal conditions, and certainly the number of cases in many localities has been greatly exaggerated.

After making due allowance for error there is little doubt but that a very large proportion of the population of cities visited by the epidemic become its victims. This fact alone justifies a close examination of the clinical history of this disease, but there is an additional incentive to such investigation from the knowledge we have that while epidemic influenza is not in itself a grave disease, yet its complications and the sequences are sometimes most important.

It is interesting to note that several forms of epidemic disease are now existing in the old world. Cholera is now reported to be ravaging Persia at Hamadan, advancing towards Teheran and Kurdistan, thus threatening Eastern Europe. Dengue, (father of the knees, as the Arabs say), well known in its epidemic form in this country, has been epidemic along the eastern coast of the Mediterranean since August. Dr. Glover, the attending physician to St. John's hospital in Beyrout, Syria, writes that at the latter place 75,000 of the 100,000 population have suffered from dengue during the last five months. Many of the symptoms which he finds in the epidemic are similar to those seen in the earlier stages of influenza. There is a chill, followed by fever, and severe pains in the knees and back, and headache and sometimes swelling about the throat. Catarrhal opthalmia is a frequent complication, though the marked catarrhal conditions of epidemic influenza are absent.

Is there more than a coincidence in the fact that influenza is epidemic in Russia and has rapidly advanced westward through Europe to America, while cholera is, as the *Lancet* states, threatening Europe through the familiar Caspian channels and epidemic dengue has extended from Alexandria to Constantinople?

There is something suggestive in the date of the outbreak of these three epidemics. As nearly as I can learn, the cholera in Persia only attained much headway late in the past summer, the epidemic of dengue in September, and the first cases of influenza were noted in St. Petersburg in October. While these diseases are clinically distinct, yet as far as we know have we not in the date of origin, the general prevalence and westward advance of each a reasonable premises for the hypothesis that there is a common climatic or atmospheric factor which influences their progress and direction?

The history of epidemic influenza has been repeatedly given during the last few months in the columns of both the medical and daily press, so that I need not detain you long in here reviewing it. Nearly all the accounts seem to be founded upon a book published in 1848 by Dr. T. B. Peacock, of the Royal Free Hospital, London, entitled "The Epidemic Catarrhal Fever of 1847 and 1848," or taken from a later article by the same author in Quain's Dictionary of Medicine.

Through the courtesy of Dr. A. S. Barnes I am able to present to you a book which antedates that of Dr. Peacock by more than half a century, in which our subject is treated with an exactness that would do credit to any observer of the present day.

"The First Lines of the Practice of Physic," by William Cullen, M.D., of Edinburg, was published 1792. I quote from his second volume, section 1061–1063:

"There are two species of catarrh. One of these, as I suppose, is produced by cold alone, as has been explained above; and the other seems manifestly to be produced by specific contagion. Of such contagious catarrhs, (these epidemical catarrhs have been lately termed influenzas), I have pointed out many instances occurring from the 14th century down to the present day. In

all these instances the phenomena have been much the same, and the disease has always been particularly remarkable in this, that it has been the most widely and generally spreading epidemic known. It has seldom appeared in any one country of Europe without appearing successively in every other part of it; and in some instances it has been even transferred to America, and has spread over that continent, so far as we have had opportunities of being informed

"The catarrh from contagion appears with nearly the same symptoms as those mentioned (1047–1049). It seems often to come on in consequence of the application of cold. It comes on with more cold shivering than the catarrh arising from cold alone, and sooner shows febrile symptoms, and these likewise in a more considerable degree. Accordingly it more speedily runs its course, which is commonly finished in a few days. It sometimes terminates by a spontaneous sweat; and this in some persons produces a miliary eruption. It is, however, the febrile state of this disease especially that is finished in a few days; for the cough, and other catarrhal symptoms do frequently continue longer, and often, when they appear to be going off, they are renewed by any fresh application of cold.

Considering the number of persons who are affected with catarrh, of either the one species or the other, and escape from it quickly without any hurt, it may be allowed to be a disease very free from danger, but it is not always too be considered as such; for in some persons it is accompanied with pneumonic inflammation. In the phthisically disposed it often accelerates the coming on of phthisis; and in elderly persons it frequently proves fatal."

Is not this classical description by a master mind worthy of attention, especially when we remember how comparatively limited were the opportunities a century ago for such collective researches as are needed in the study of all epidemic diseases. From the 14th to the 18th century many epidemics of catarrhal fever are spoken of by the older writers, and we have the records of nine which occurred in the 18th, and four in the first half of the present century. The epidemic of 1782 extended all over every country of Europe, affecting more than one-half of the inhabitants and frequently proving fatal.

The present epidemic seems to have been more rapid in its progress from country to country than any of its predecessors. Some believe this due to the more rapid means of travel in these days.

This brings up the unsettled question of its etiology. Is the present disease contagious or is it due to miasmatic influence? The answer may not yet be positively given. The equal distribution of the disease has prevented the entire relegation of its cause to the idea of contagion, and the rapid spread and transitory effects of the causative agent suggests a miasm. It is true that Cullen believed that this form of influenza is disseminated by contagion, but as Tanner pointed out in discussing the epidemic of 1833, "the influenza pervaded a large tract of country in a manner much too sudden and simultaneous to be consistent with the notion that its prevalence depends exclusively upon any contagious properties that it may possess." He adds: "The occurrence of epidemic catarrh is unquestionably connected with some particular state or contamination of the atmosphere."

In harmony with the proposition let me refer to a statement in the third volume of the "Transactions of the College of Physicians." On May 2, 1782, Admiral Kempenfelt sailed from Spithead with a squadron, of which the Goliah was one. The crew of that vessel were attacked with influenza on May 29, and the rest were at different times affected; and so many of the men were rendered incapable of duty by this prevailing sickness that the whole squadron was obliged to return into port about the second week in June, not having had communication with any shore, but having cruised solely between Brest and the Lizard. This happened in one part of the fleet. In the beginning of the same month another large squadron sailed, all in perfect health, under Lord Howe's command, for the Dutch coast. Towards the end of the month, just at the time therefore, when the Goliah became full of the disease, it appeared in the Rippon, the Princess Amelia, and other ships of the last-mentioned fleet, although there had been no intercourse with the land. Similar events were noticed in the epidemic of 1833.

The curious will find much more of interest upon this subject in these "Transactions" in Cullen's "Nosology;" in the *London Medical and Physical Journal*, volumes IX and X; in the compilations of Dr. Hancock in the "Cyclopædia of of Practical Medicine," and in the further discussion by Tanner in his "Practice," volume II, page 39, *et seq.*

Let me here offer the proposition already hinted at, that the dissemination of all far-reaching epidemics does not depend alone upon contagion, and that there may be a causative factor common to all epidemics. Gairduer's observations, as quoted by Flint, "go to show that during the prevalence of influenza other diseases are unusally severe, and the rate of mortality from all diseases is increased." The reports from the large cities affected by the present epidemic seem to confirm the statement.

The symptoms of epidemic influenza are now quite well understood by every physician who is in any sense a student. A sudden attack, a chill, more or less complete, a succeeding fever, frequently severe pains, general prostration, more or less dryness of the throat and nares, often followed

by free catarrhal secretions, with convalescence in from five to seven days, is perhaps an outline of the average case.

Many variations are seen, generally dependent, I believe, upon personal characteristics of the patient. In some instances the nervous symptoms predominate, and while the respiratory and digestive tracts seem unaffected, there are neuralgic pains most intense, resembling those of dengue. These, according to St. Petersburg authorities, are sometimes erroneously thought to be incipient typhoid fever cases.

A large proportion of the cases exhibit catarrhal changes of the naso-pharynx, larynx, and bronchial tubes. These are cases in which I believe there is the most danger of serious complications, such as capillary bronchitis in the young, and catarrhal, and even croupous, pneumonia in the aged. The inflamed mucous membrane of the respiratory tract, denuded of its epithelium, offers slight resistance to diphtheritic germs. I have recently seen a very severe attack of diphtheria suddenly develop in a child that had not fully recovered from influenza, and I think we shall see more of such cases in our city.

A number of authors speak of a variation of influenza in which the gastric symptoms are severe, where there is more or less jaundice and sometimes persistent vomiting. I have seen but one such case, and it was scarcely typical. Notwithstanding the severity of the symptoms in this class of cases, the record is that most of them do well.

In the ordinary case of epidemic influenza the prognosis is favorable, exceptions being those in which serious complications arise or disastrous sequela result. The average patient is well in a week. The danger from influenza is more in the complications than in the disease itself, and the increased death rate during the epidemic must necessarily put every careful physician upon his guard in the care of such cases.

The treatment of this disease depends largely upon the special symptoms as they arise. In brief, let me mention the use of acetanilide to quiet the patient and reduce the temperature, combined with quinine, in all cases where the fever is persistent. If the pains simulate those of rheumatism, one of the salicylates, preferably the salicylate of ammonia, in full and repeated doses. I have not hesitated to order sponging with tepid water where the skin has been hot and dry, and have, in several instances, used pilocarpine to meet the same indications; but such a remedy should be used very carefully where there is much depression. The administration of belladona in repeated one-drop doses of the tincture gives a most happy result in those cases where there is excessive secretion from the mucous membrane of the upper air passages, or atropia may be used instead of the belladona. This drug should not be pushed until its toxic effects are produced, but only as a stimulant to the vasomotor nerves.

Some cases, especially those in which there is gastric irritability or hepatic fault, administration of a mercurial is demanded in small doses once or twice repeated. All depressing agents should be avoided, simple nutritious diet should be used, and after the acute symptoms have passed, I have thought it best to substitute a good tonic for all other medication.

I am not aware that much dependence has been placed in any plan of prophylaxis, but if protection can be afforded it will probably be by the use of small doses of quinine and the avoidance of exposure and fatigue. I have not much faith in the use of sulphurous acid fumes or the inhalation of eucalyptol and similar agents.

I need scarcely add in closing that in this, as in all other diseases, we should not be over-zealous in our medication. Just enough of the proper agent—not too much—to meet the indications. The condition is in itself self-limiting; it is better judgment to care for the symptoms than to attempt to cut short the disease.

2830 Locust St., St. Louis.

CONTAGIOUS BALANO-POSTHITIS.—BATAILLE and BERDAL have reported to the Société de Biologie, of Paris, a contagious variety of balano-posthitis, which is characterized as follows:

1. Clinically by special erosions of crescentic shape with the convexity toward the meatus. These are limited by a delicate whitish border, which is extremely friable, somewhat elevated, and turned outward. The erosion extends eccentrically, its external border gaining little by little upon the healthy epithelium, while its internal border sloughs so that the more it extends the larger the ulceration becomes. In the circular manner of its spread this form of balano-posthitis is comparable with certain circinate parasitic affections of the skin.

2. Experimentally it is recognized by its contagious and inoculable properties. The authors have in fact succeeded in reproducing a series of the erosions which they describe by means of the inoculation of pus with the lancet. The authors propose to make a further communication, giving the results furnished by pus cultures and determining the character of the pathogenic agent.

The virulent contagious and specific character of the balano-posthitis furnish a sufficiently well-defined morbid entity, and one which should have a place among the venereal diseases, properly so-called.—*La Sem. Méd.*

DR. H. NEWELL MARTIN, of the Johns Hopkins University, has been elected President of the American Society of Naturalists.

TABLES, AND DIAGRAMS REPRESENTING THE SAME,

ACCOMPANYING A PAPER ENTITLED

THE CLIMATIC CAUSATION OF CONSUMPTION.

Read in the Section of State Medicine, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY HENRY B. BAKER, M.D.,

OF LANSING, MICH.

CROUP AND TEMPERATURE IN MASSACHUSETTS.

TABLE 1.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *croup* in *Massachusetts* during 23 years, 1863-85, in comparison with the average *atmospheric temperature* for 48 years[1] (1790—1870) at Cambridge, Mass. Deaths computed from the 44th Registration Report of Massachusetts, 1886; and the temperature is taken from the Smithsonian tables, "Distribution and Variations of Atmospheric Temperature," 1876, p. 40.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Deaths.[2]	1,469	1,290	1,181	1,023	774	559	427	435	729	1,239	1,649[3]	1,631
Av. temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.28	29.34

[1] The series is stated as follows: "Begins Jan. 1790; ends Dec. 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 were omitted. This series is used because it is the longest available, and, therefore, most likely to give the correct "normal" curve. That it does supply a correct "norm," and that, in table 2 and diagram No. 2, the normal curve representing absolute humidity is shown, is made evident by a comparison of the curve for temperature in diagram No. 1 with the curve for absolute humidity in diagram No. 2, noting how closely the two curves resemble each other, and considering how completely the absolute humidity of the atmosphere is controlled by the atmospheric temperature. The two curves are so nearly alike that it has been thought not necessary to make any more diagrams exhibiting the absolute humidity in Massachusetts, but to let the curve representing the temperature—the controlling condition—stand also as representing the absolute humidity.

[2] Total deaths from croup in the 23 years, distributed by months.

[3] To the author of this essay it seems probable that some proportion of the deaths recorded as from croup were from diphtheritic croup, and also that some part of the rise in the autumn, after the opening of the schools, may be due to the spreading of that communicable disease.

CROUP AND ABSOLUTE HUMIDITY IN MASSACHUSETTS.

TABLE 2.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *croup* in Massachusetts during 23 years, 1863-85, in comparison with the *average absolute humidity* of the atmosphere at Boston during 17 years, 1870-86, computed from the tables on *relative* humidity and *temperature*, in the Report of the Chief Signal Officer, U. S. A., for 1886.[4]

	Jan.	Feb.	Mar.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[5]	1,469	1,290	1,181	1,023	774	559	427	435	729	1,239	1,649	1,631
Abs. Humidity. .	1.39	1.45	1.87	2.32	3.37	4.81	5.78	5.66	4.56	3.19	2.19	1.59

[4] That this supplies satisfactory data concerning the absolute humidity of the atmosphere in that vicinity is made probable by the steadiness of the curve, as may be seen in diagram No. 2, and especially by a comparison of that curve with the one representing the atmospheric temperature at Cambridge, Mass., in diagram No. 1.

[5] Total deaths from croup in the 23 years, distributed by months.

CONSUMPTION AND TEMPERATURE IN MASSACHUSETTS.

TABLE 3.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *consumption* in Massachusetts during 23 years, 1863-85, in comparison with the *average atmospheric temperature* for 48[6] years (1790—1870) at Cambridge, Mass. (Deaths computed from the 44th Registration Report of Mass., 1886; and the temperature is taken from the Smithsonian tables, "Distribution and Variations of Atmospheric Temperature, 1876," p. 40.)

	Jan.	Feb.	Mar.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[7]	9,888	10,261	10,723	10,658	10,390	9,223	9,273	9,773	9,875	9,606	9,590	9,607
Av. Temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.28	29.34

[6] The series is stated as follows: "Begins Jan., 1790; ends Dec., 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 were omitted. This series is used because it is the longest available, and, therefore, most likely to give the correct normal curve.

[7] Total deaths from consumption in the 23 years, distributed by months.

SMALL-POX AND TEMPERATURE IN MASSACHUSETTS.

TABLE 4.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *small-pox* in Massachusetts during 23 years, 1863-85, in comparison with the average *atmospheric temperature* for 48 years[8] (1790-1870) at Cambridge, Mass. Deaths computed from the 44th Registration Report of Massachusetts, 1886; and the temperature is taken from the Smithsonian Tables, "Distribution and Variations of Atmospheric Temperature," 1876, p. 40.

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[9]	458	314	269	270	295	202	177	111	152	214	311	489
Av. Temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.28	29.34

[8] The series is stated as follows: "Begins Jan., 1790, ends Dec., 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 were omitted. This series is used because it is the longest available, and therefore most likely to give the correct normal curve.

[9] Total deaths from small-pox in 23 years, distributed by months.

DIPHTHERIA AND TEMPERATURE IN MASSACHUSETTS.

TABLE 5.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *diphtheria* in Massachusetts during 23 years, 1863-85, in comparison with the *average atmospheric temperature* for 48 years[10] (1790-1870), at Cambridge, Mass. (Deaths computed from the 44th Registration Report of Mass., 1886; and the temperature is taken from the Smithsonian Tables, "Distribution, and Variations of Atmospheric Temperature, 1876," p. 40.)

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[11]	2,527	2,174	1,825	1,736	1,643	1,588	1,365	1,284	1,818	2,598	2,712	2,687
Av. Temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.38	29.34

[10] The series is stated as follows: "Begins Jan., 1790; ends Dec., 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 were omitted. This series is used because it is the longest available, and therefore most likely to give the correct normal curve.

NOTE.—The opening of Schools in the autumn may have to do with the increase culminating in November.

[11] Total deaths from diphtheria, in 23 years, distributed by months.

PNEUMONIA AND TEMPERATURE IN MASSACHUSETTS.

TABLE 6.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *pneumonia* in Massachusetts during 23 years, 1863-85, in comparison with the *average atmospheric temperature* for 48 years[12] (1790-1870), at Cambridge, Mass. (Deaths computed from the 44th Registration Reports of Mass., 1886; and the temperature is taken from the Smithsonian Tables, "Distribution, and Variations of Atmospheric Temperature, 1876," p. 40.)

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[13]	6,048	6,791	7,042	6,308	4,967	2,776	1,828	1,514	1,913	2,767	4,125	5,221
Av. Temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.38	29.34

[12] The series is stated as follows: "Begins Jan., 1790; ends Dec., 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 are omitted. This series is used because it is the longest available, and therefore most likely to give the correct normal curve.

[13] Total deaths from pneumonia, in the 23 years, distributed by months.

SCARLATINA AND TEMPERATURE IN MASSACHUSETTS.

TABLE 7.—Exhibiting by months reduced to uniform length—30 days each—the number of *deaths* from *scarlatina* in Massachusetts during 23 years, 1863-85, in comparison with the *average atmospheric temperature* for 48 years[14] (1790-1870), at Cambridge, Mass. (Deaths computed from the 44th Registration Report of Mass., 1886; and the temperature is taken from the Smithsonian Tables, "Distribution, and Variations of Atmospheric Temperature, 1876," p. 40.)

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.
Deaths[15]	2,340	2,253	2,313	2,209	2,017	1,655	1,224	1,026	953	1,247	1,704	1,964
Av. Temperature.	25.25	26.28	34.39	44.40	56.01	66.74	71.86	69.82	61.89	50.18	39.38	29.34

[14] The series is stated as follows: "Begins Jan., 1790; ends Dec., 1870; extent, 48 years and 6 months." Some of the years between 1790 and 1870 were omitted. This series is used because it is the longest available, and therefore most likely to give the correct normal curve.

[15] Total deaths from Scarlatina, in 23 years, distributed by months.

TEMPERATURE AND SICKNESS FROM PNEUMONIA IN U. S. ARMIES.

TABLE 8.—Exhibiting by months for a series of years the average atmospheric temperature at six stations representing approximately the latitude and longitude of the Aggregate forces of the Armies of the United States in the war of the Rebellion, in comparison with the average number of cases of *sickness* from *pneumonia* per 10,000 ("mean strength") of those forces, by months (of uniform length) during the four years, 1862-65.

	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Cases per 1,000 of Mean Strength . . .	38.1	41.7	38.1	28.4	15.9	10.5	8.1	7.2	7.7	14.1	23.8	29.1
Average Atmospheric Temperature. . .	36	38	45	54	66	74	78	76	69	56	46	38

SICKNESS FROM CONSUMPTION IN WHITE TROOPS, U. S. ARMY, AND TEMPERATURE.

TABLE 9.—Exhibiting, by months reduced to uniform length—30 days each—for the four years, 1862-65, the average number of *cases of consumption* per 10,000 soldiers ("mean strength") of the white troops of the U. S. Army in the war of the Rebellion, in comparison with the *average atmospheric temperature* at six stations representing approximately the latitude and longitude of the aggregate forces of the Armies of the United States.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Aver. cases per 10,000 of Mean Strength	5.63	5.95	5.92	5.08	4.33	4.52	4.69	4.59	4.02	4.26	4.47	4.31
Average Temperature at Six Stations. .	31	38	45	54	66	74	78	76	69	56	46	38

DEATHS FROM CONSUMPTION IN WHITE TROOPS, U. S. ARMY, AND TEMPERATURE.

TABLE 23.—Exhibiting, by months reduced to uniform length—30 days each—for the four years, 1862-65, the average number of *deaths* from *consumption* per 100,000 soldiers ("mean strength") of the white troops of the U. S. Army in the war of the Rebellion in comparison with the *average atmospheric temperature* at six stations representing approximately the latitude and longitude of the aggregate forces of the Armies of the United States.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Av. No. of Deaths per 100,000 of M. Str.	19.55	22.47	24.23	19.63	17.00	16.07	17.38	15.75	14.96	17.62	17.13	18.06
Av. Temperature at Six Stations.	36	38	45	54	66	74	78	76	69	56	46	38

SICKNESS FROM DIPHTHERIA IN MICHIGAN, AND TEMPERATURE.

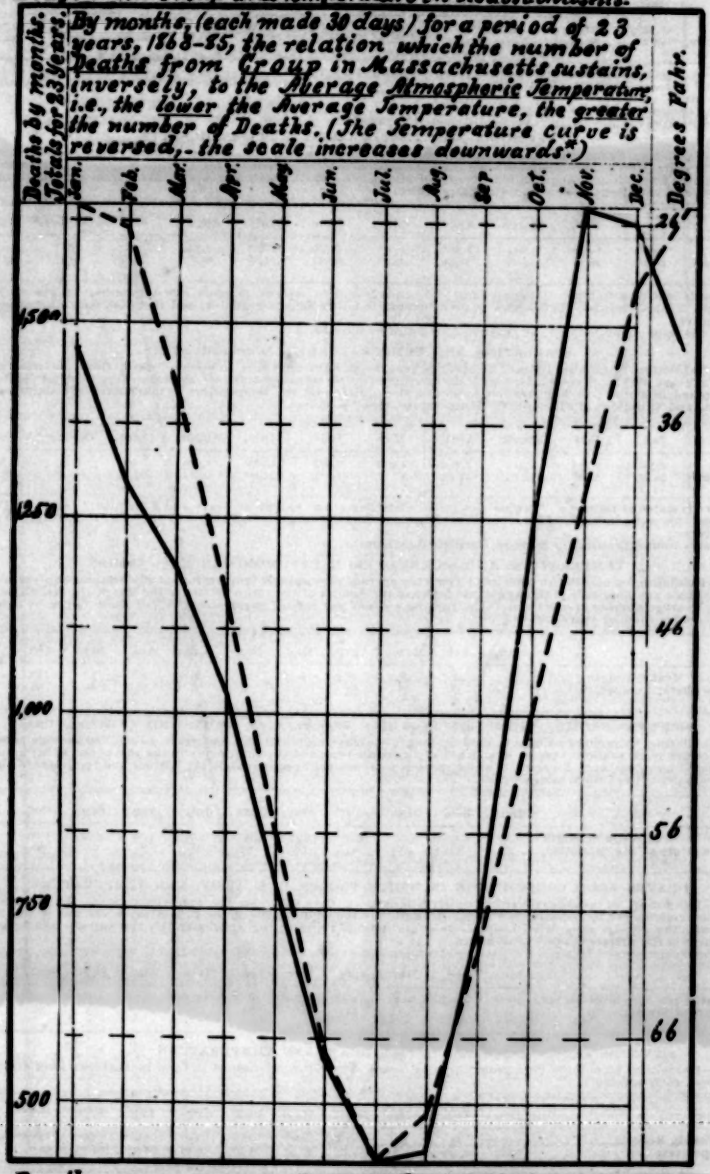
TABLE 24.—Exhibiting by months for a period of nine years, 1877-85, the relation of *sickness* in Michigan from *diphtheria* to the *average atmospheric temperature*.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Per cent. of Weekly Reports.	29	25	22	21	18	16	15	16	19	27 [16]	30 [16]	29
Average Temperature.	20.77	23.89	29.76	44.14	56.23	65 30	70.73	68.23	61.73	50.72	36.23	27.28

[16] It would seem possible that this sudden great increase of sickness from diphtheria may, in part, be due to the spreading of the disease incident to the opening of schools in the autumn.

NOTE.—Data for this table and the diagram illustrating it are found in Exhibit XIII, p. 122; and in the upper line of Exhibit V, p. 24, Annual Report of the Michigan State Board of Health, for 1886.

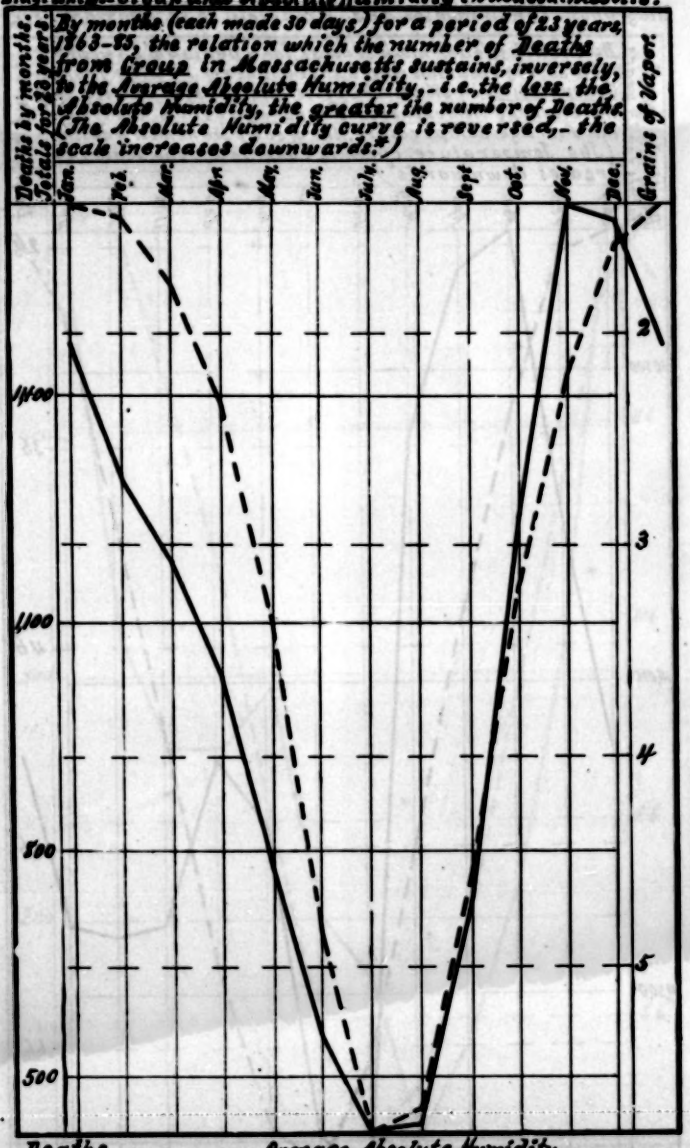
Diagram 1.—Croup and Temperature in Massachusetts.



Deaths _____. Average Temperature — — —.

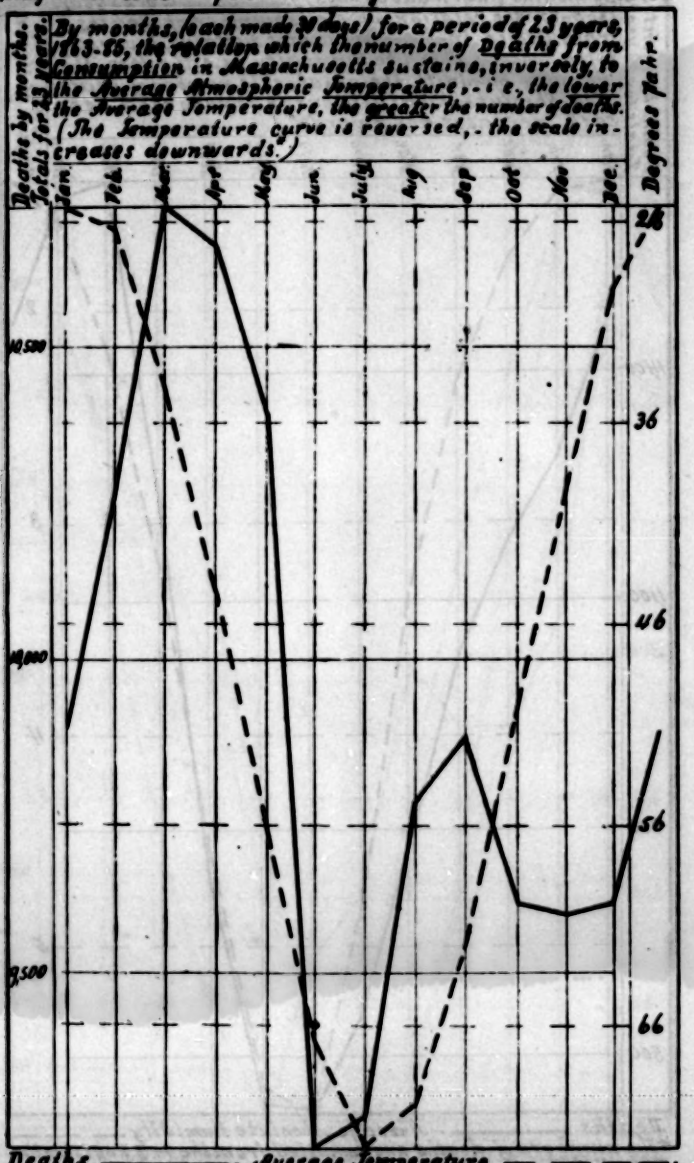
* The numbers of deaths are compiled from the 44th Registration Report of Mass., 1886. The Average Temperature is compiled from a table on page 40 of the Smithsonian Tables "Distribution and Variations of the Atmospheric Temperature." It is for a period of 48 years, between 1790-1870 at Cambridge, Mass.

Diagram 2.—Croup and Absolute Humidity in Massachusetts.



*The numbers of deaths are compiled from the 44th Registration Report of Mass., 1886. The Average Absolute Humidity is compiled from the Relative Humidity and Temperature in the Report of the Chief U.S. Signal Officer for 1886. The curve represents the normal, at Boston, for 17 years, 1870–86.

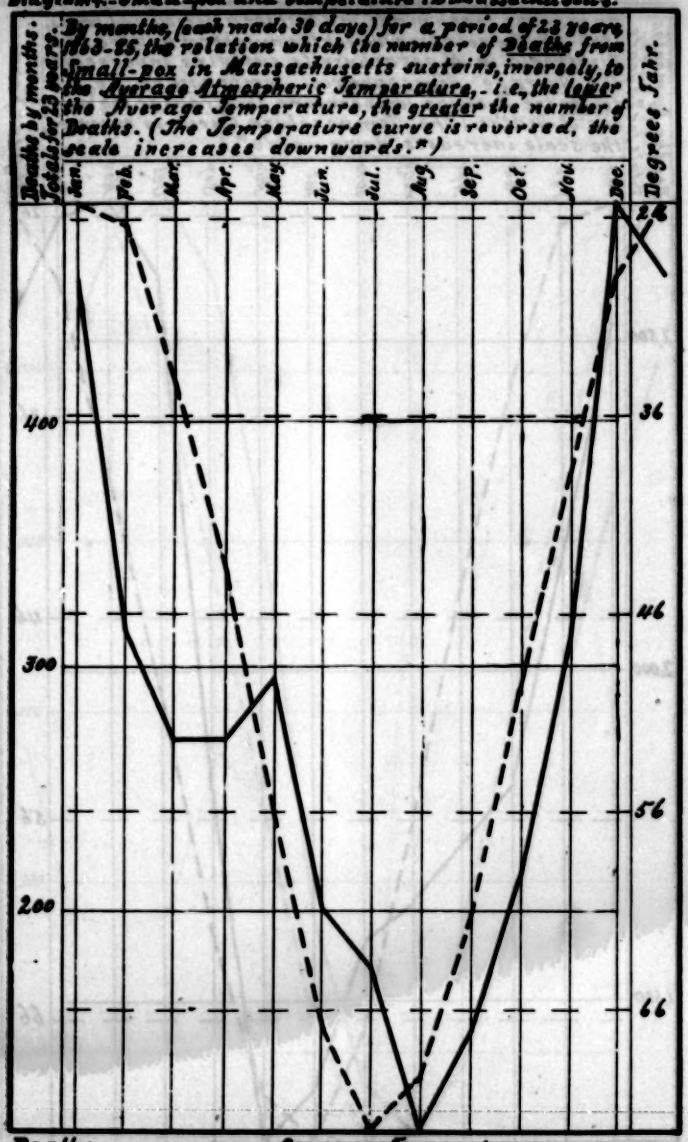
Diagram 3.—Consumption and Temperature in Massachusetts.



Deaths _____. Average Temperature — — — —.

*The numbers of deaths are compiled from the 44th Registration Report of Mass., 1885. The Average Temperature is compiled from a table on page 210 of the Smithsonian Tables "Distribution and Variations of the Atmospheric Temperature" It is for a period of 48 years between 1790-1870 at Cambridge Mass.

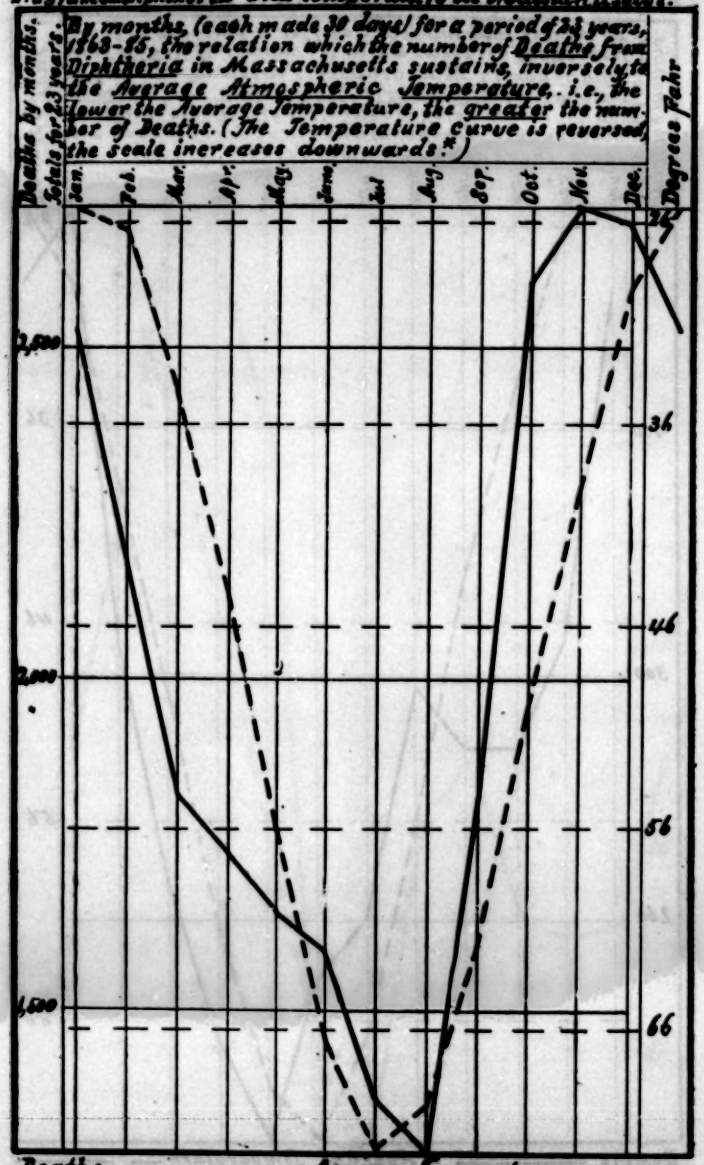
Diagram.—Small-pox and Temperature in Massachusetts.



Deaths _____ . Average Temperature — — — .

*The numbers of deaths are compiled from the 44th Registration Report of Mass., 1886. The Average Temperature is compiled from a table on page 40 of the Smithsonian Tables "Distribution and Variations of the Atmospheric Temperature." It is for a period of 48 years between 1790-1870, at Cambridge, Mass.

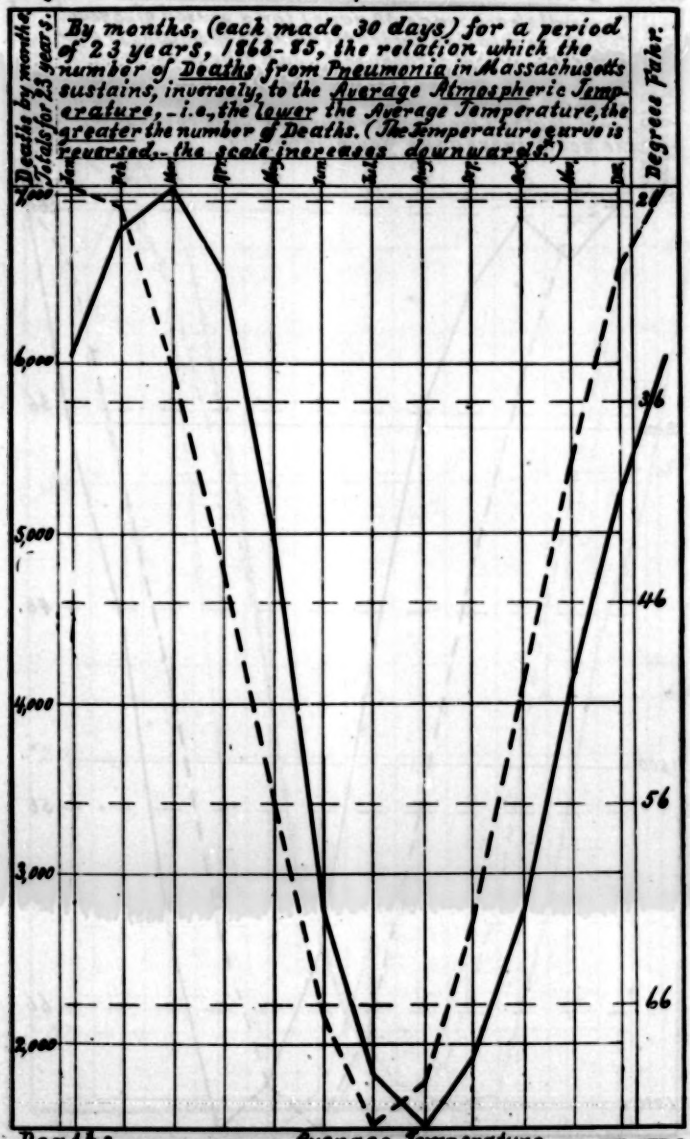
Diagram. Diphtheria and Temperature in Massachusetts.


By months, (each made 30 days) for a period of 23 years, 1863-85, the relation which the number of Deaths from Diphtheria in Massachusetts sustains, inversely to the Average Atmospheric Temperature, i.e., the lower the Average Temperature, the greater the number of Deaths. (The Temperature curve is reversed, the scale increases downwards.*)
Deaths by months. Totals for 23 years.
Jan. Feb. Mar. Apr. May. June. Jul. Aug. Sept. Oct. Nov. Dec.
Degrees Fahr
2,500
2,000
1,500
26
36
46
56
66

Deaths _____ Average Temperature ___ ___ ___.

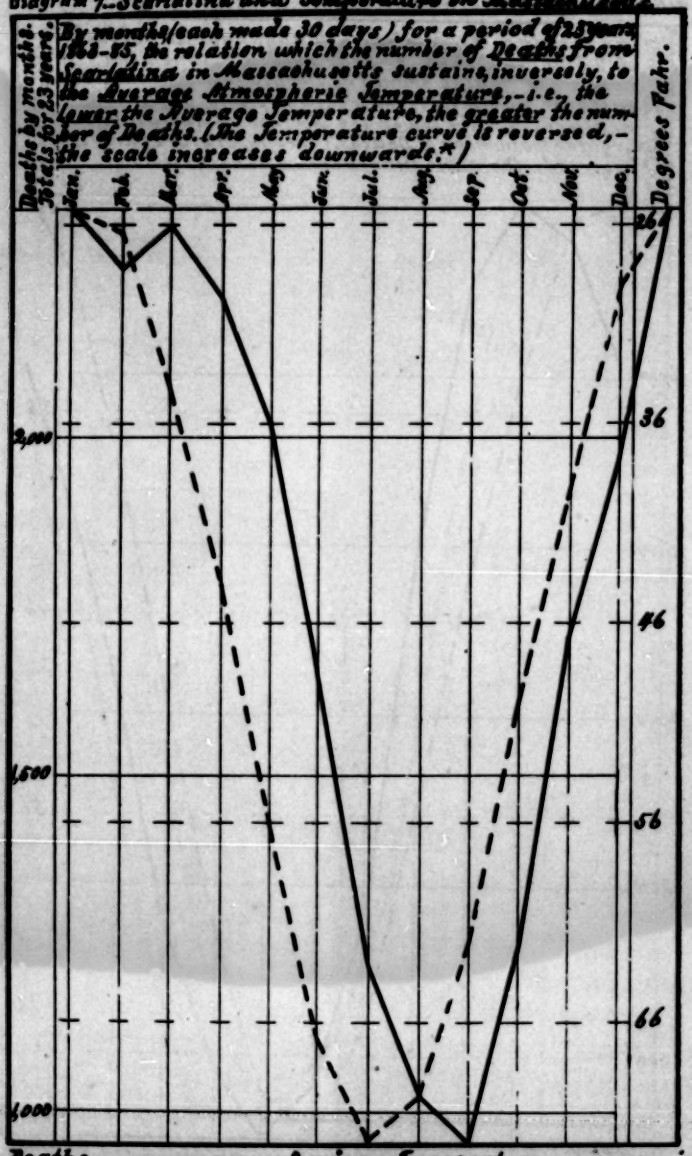
*The numbers of deaths are compiled from the 44th Registration Report of Mass. 1886. The Average Temperature is compiled from a table on page 40 of the Smithsonian Tables "Distribution and Variations of the Atmospheric Temperature." It is for a period of 48 years, between 1790-1876 at Cambridge, Mass.

Diagram 6.—Pneumonia and Temperature in Massachusetts.



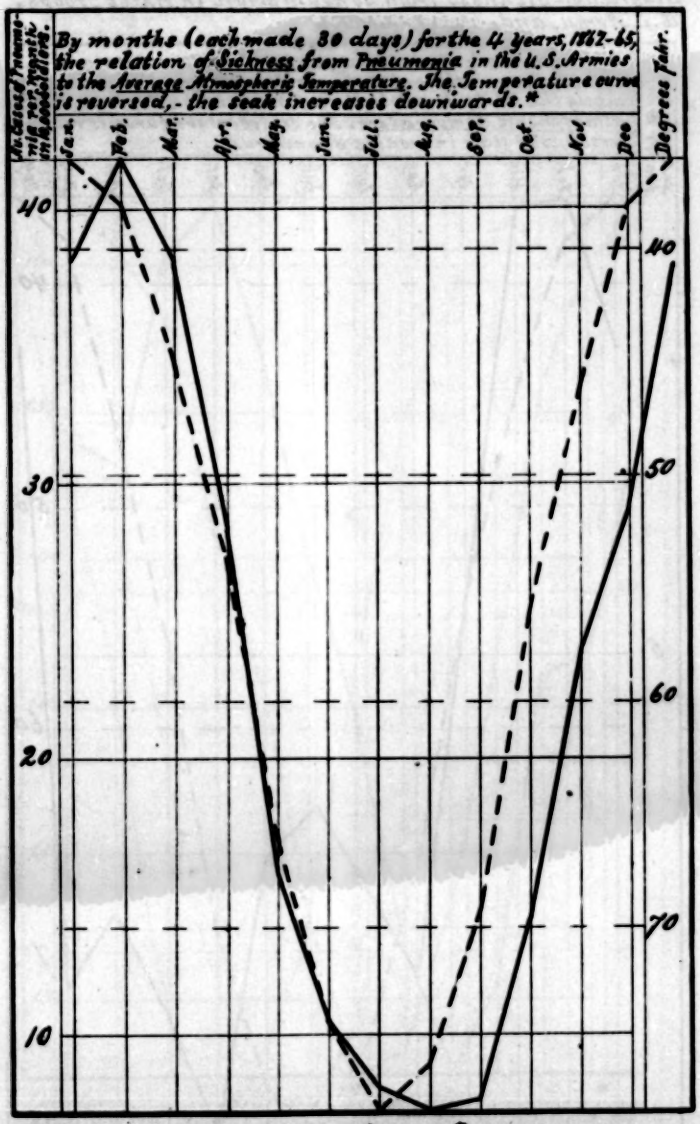
*The numbers of deaths are compiled from the 44th Registration Report of Mass., 1886. The Average Temperature is compiled from a table on page 40 of the Smithsonian Tables "Distribution and Variations of the Atmospheric Temperature." It is for a period of 48 years between 1790-1870, at Cambridge, Mass.

Diagram 7.—Scarlatina and Temperature in Massachusetts.



*The numbers of deaths are compiled from the 44th Registration Report of Mass., 1886. The Average Temperature is compiled from a table on page 40 of the Smithsonian Tables "Distribution and variations of the Atmospheric Temperature." It is for a period of 48 years between 1790-1870, at Cambridge, Mass.

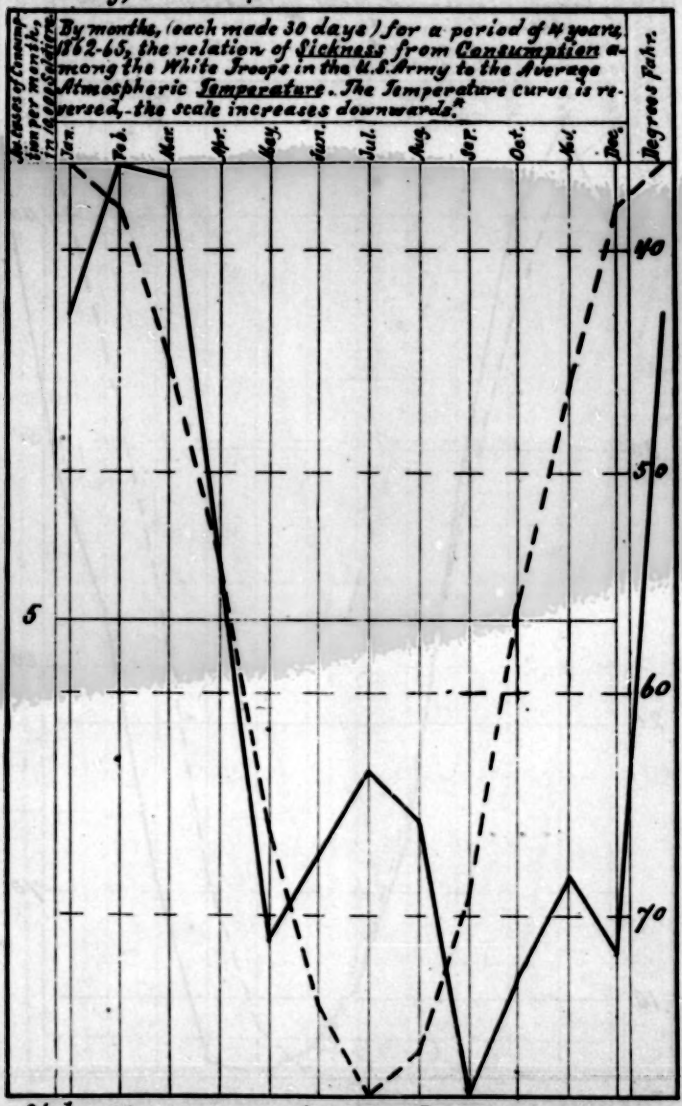
Diagram 8.—Temperature and Sickness from Pneumonia in U.S. Armies.



Pneumonia ———. Average Temperature — — —

*The temperature curve is made from the normals at six stations representing approximately the localities occupied by the armies of the United States, during the war of the rebellion.

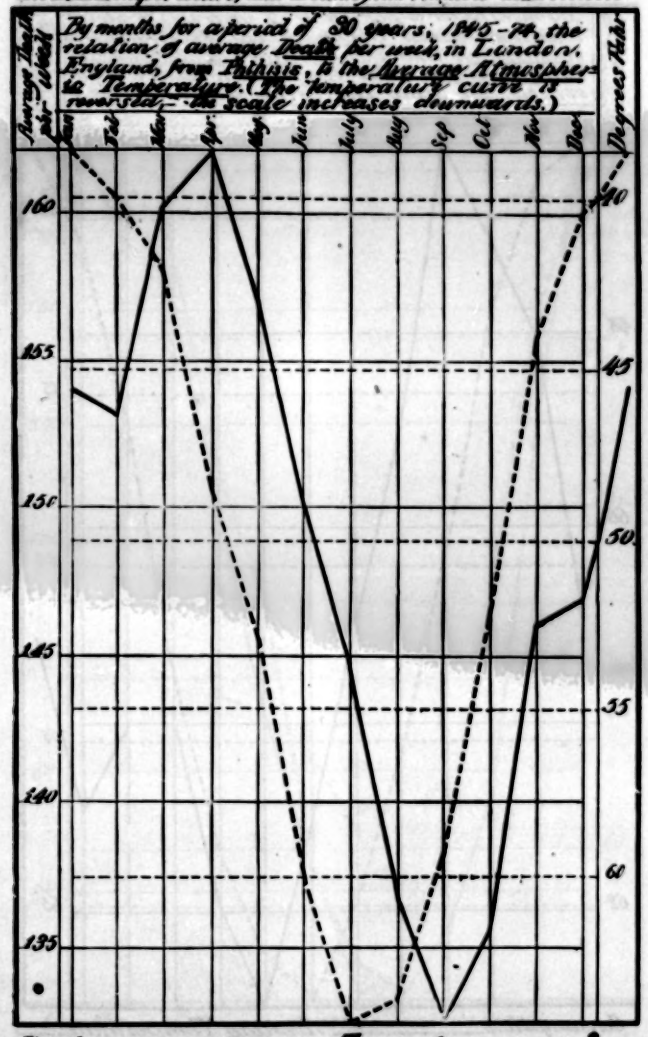
Diagram.—Sickness from Consumption in White Troops, U.S. Army, and Temperature



Sickness ———. Average Temperature — — —

* The temperature curve is made from the normals at six stations representing approximately the localities occupied by the Armies of the United States.

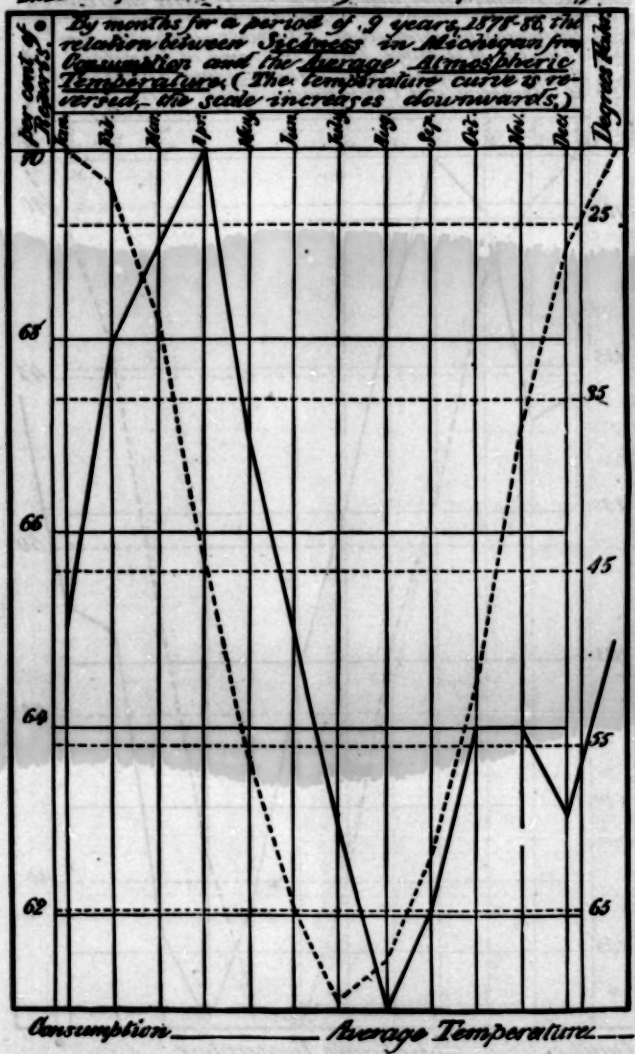
No 10. Temperature, and Deaths from Phthisis in London.



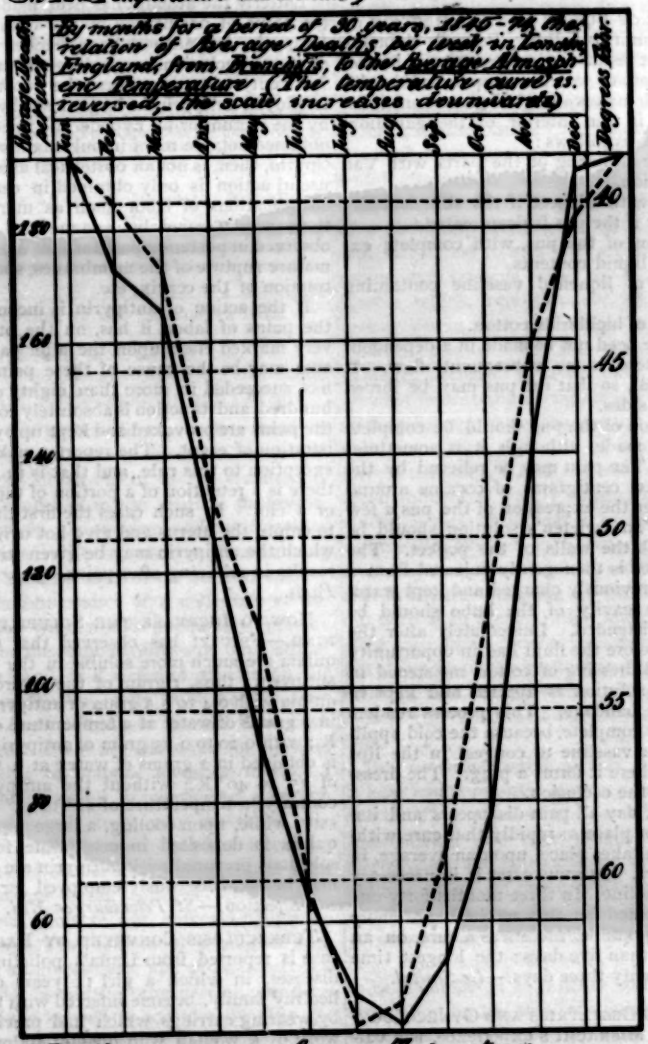
Deaths _____. Average Temperature - - - - - -

About £31.000 deaths from Phthisis are represented in this diagram; data for which are from Jour. of Scottish Met. Soc., New Series Nos XXIII, XIV, XV, XVI, pages 258 to 263.

No. II Temperature and Sickness from Consumption in Michigan.



No 13.—Temperature and Deaths from Bronchitis in London.



Deaths _____ Average Temperature - - - - - -

About 175,000 deaths from Bronchitis are represented in this diagram data for which are from Jour. of Scottish Met. Soc. New series Nos. XIIII, XIIV, XIV, XIVI. pages 258 & 269

MEDICAL PROGRESS.

RAPID CURE OF BUBOES BY THE INJECTION OF IODOFORM VASELINE.—PROF. POUTAN claims to obtain excellent results in the treatment of buboes by the injection of vaseline impregnated with iodoform, which makes a kind of permanent iodoform dressing in the interior of the ganglion. His operation is as follows:

1. Antiseptic cleansing of the parts with Van Swieten's solution.

2. Puncture with a lancet if the skin is thin; with a bistoury if the pus is deep seated.

3. Evacuation of the pus, with complete expression of the liquid contents.

4. Injection of liquefied vaseline containing iodoform.

5. Dressings of bichloride cotton.

The puncture need not be made in a dependent position, as there is no subsequent flow. It should be central, so that the pus may be forced into it from all sides.

The evacuation of the pus should be complete and gradually made, although it is sometimes quite painful. The pain may be relieved by the injection of a few centigrams of cocaine around the bubo. After the expression of the pus a few syringefuls of Van Swieten's solution should be injected, to wash the walls of the pocket. The iodoform vaseline is then gently injected from a glass syringe previously charged and kept warm in water. The cavity of the bubo should be filled, but not distended. Immediately after the injection, and before the fluid has an opportunity to return, a cold dressing of cotton moistened in Van Swieten's solution is applied and kept in place by a spica bandage. This process renders occlusion nearly complete, because the cold application causes the vaseline to congeal in the lips of the wound, where it forms a plug. The dressing also aids in the occlusion.

After the first day all pain disappears and improvement takes place so rapidly that cure without cicatrization takes place, upon an average, in six or seven days. In some cases it is necessary to renew the vaseline. In three months forty-one buboes were treated by this method. In more than half of this number there was a cure, on an average, in less than five days; the longest time required was twenty-three days.—*Le Scalpel.*

ANTIPYRIN IN OBSTETRICS AND GYNECOLOGY.—Antipyrin, in MISRACHI'S experience, is a valuable means of combating the colic of menstruation, but it is necessary to pay attention to its indications. It is inefficacious when painful menstruation is dependent upon grave affections of the uterine appendages, and it may be contraindicated when dysmenorrhœa is complicated with scanty menstruation. Not more than 2 grm. should be given and this in two doses; in dyspeptic patients it should be given by enema.

Latterly the attempt has been made to alleviate the pains of parturition by the administration of antipyrin, and authors have reached very contradictory conclusions regarding its applicability. In twenty-one cases where the reporter has thus employed antipyrin in large doses by the mouth, by the rectum or by hypodermic injection, he has obtained notable relief in only six instances. Antipyrin, then, is not an obstetrical anæsthetic. Its useful action is only obtained in certain painful complications of labor such as uterine contractions accompanied by exaggerated pain, as is observed in posterior positions of the vertex, premature rupture of the membranes, spasmodic contraction of the cervix, etc.

If the action of antipyrin is inconsiderable in the pains of labor, it has, on the other hand, a very marked effect upon the after pains. Whatever may be the cause of these pains, antipyrin has succeeded in more than eighty cases in one hundred, and its action is absolutely constant when the pains are provoked and kept up by the administration of ergot. The reporter makes only one exception to this rule, and that is in cases where there is a retention of a portion of the secundines or a clot. In such cases the first thing to do is to empty the uterus and give hot irrigation, after which the antipyrin may be given with excellent results in relieving after pains.—*Jour. de Méd. de Paris.*

HOW TO INCREASE THE SOLUBILITY OF QUININE.—FRIULZI has observed that the salts of quinia are much more soluble in the presence of antipyrin; thus, 1 gram of the hydrochlorate of quinia with 0.4 to 0.5 gram of antipyrin dissolves in 2 grams of water at a temperature of 20° to 25° R.; with 0.20 to 0.25 gram of antipyrin a solution is obtained in 2 grams of water at a temperature of 35° to 40° R.; without the antipyrin, on the contrary, a temperature of 42° to 45° R. is necessary, while, upon cooling, a large portion of the quinia is deposited in crystalline form. Since solutions prepared with antipyrin are stable, they may be advantageously employed for subcutaneous injection.—*St. Petersburger Med. Woch.*

TUBERCULOSIS CONVEYED BY EARRINGS.—A case is reported from Unna's policlinic for skin diseases, in which a girl 14 years of age, of a healthy family, became infected with tuberculosis by wearing earrings which had previously been worn by a woman who died of pulmonary consumption. Flat ulcers with undermined borders appeared in the lobes of the ears, especially the left ear. There was also swelling of the left cervical glands and dulness over the apex of the left lung. Tubercles were found in the granulations of the ulcers and in the sputum. Acute phthisis supervened.—*Wiener Med. Bl.*

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HOW SHALL PHYSICIANS BE EDUCATED?

It is but a few weeks since a society held its meeting in Chicago, having for one of its principal objects the advancement of the standard of preliminary education in the medical profession. The President, in his opening address, lamented the small number of liberally educated men among the students and graduates of our medical schools, and urged the importance of a collegiate education on those who would adequately prepare themselves for the responsibilities of our calling. On the other hand, in a series of articles on the choice of a profession, lately published in *Harper's Young People*, Professor Austin Flint took the ground that it was not advisable for most of those intending to practice medicine to take a college course, although he considered a certain amount of classical study very desirable. He recommended, in substance, that the intending physician should master the studies required for admission to our better colleges, and then, at about eighteen years of age, enter on his professional studies. The opinion of a man of such eminence as an investigator and such experience as an educator is worthy of respectful consideration, and it may be well to consider whether the advantages to the physician of a classical education are such as to justify the outlay of time and money which it involves, and, if so, to what extent it should be carried.

It cannot be denied that a great part of the knowledge laboriously acquired during a college course is soon forgotten, and that most of it has little direct application to medical practice. Nevertheless, the fact remains that no adequate substitute for classical study as a means of mental discipline has yet been discovered. The records of the German universities show that, even as scientific students, those who come from the gymnasium, where Latin and Greek occupy a prominent place in the curriculum, take a higher standing than graduates of the realschulen, in which attention is principally paid to the natural sciences and modern languages. The importance of a thorough training in methods of study is especially great to men who are to acquire their professional training under the lack of order and system which, unfortunately, characterizes the instruction in most, even of our more prominent, medical colleges. But this is not the only advantage, perhaps, to most men, not even the greatest benefit of a collegiate course. The study of the masterpieces of the greatest minds, and the daily association with men of intellectual tastes, have a tendency, which few who are exposed to these influences wholly escape, to broaden the student's view of life and to make him not only a successful business man, but a good citizen. It would be foolish to claim that a thorough education in the true meaning of the word—bringing out what is in a man, rather than pouring knowledge into him—cannot be otherwise obtained; but it is true of the medical profession, as of other callings, that the proportion of liberally educated men is highest in the foremost ranks of the profession.

But, notwithstanding all this, it is true that art is long and constantly growing larger, and life is short. The requirements for admission to our best colleges have risen greatly within the last thirty years, and the expenses of tuition and of living have grown proportionately. A man can hardly be fitted to enter a first-class college under 18 years of age, and when he graduates, at 22, he is likely, unless backed by a pretty long purse, to be encumbered with debts which will furnish occupation for his time and energies for two or three years. If, then, he takes a three years' course of professional study, and a year in a hospital, he will be 28 years old when he opens his office. In the meantime his schoolmate, who began his medical studies when he entered college, will very likely be comfortably settled in practice, with a family growing up around him. The age

at which it is desirable to begin the practice of medicine is perhaps open to discussion. Even granting the practicability of acquiring a thorough professional equipment at the minimum age prescribed by our medical schools, there are probably few who have at that age the maturity of judgment needed in a profession in which wisdom is quite as important as knowledge. On the other hand, too late an entrance on practice may imply not only loss of valuable time, but of readiness of adaptation to the change from the classroom and laboratory to the bedside. It may perhaps be laid down as a general rule, admitting of numerous exceptions, that 24 or 25 years is the most favorable age for entering on independent practice, although hospital and dispensary work, under competent direction, may be profitably undertaken somewhat earlier. The question, then, seems to be, not how much it is desirable for the physician to know before he begins practice, but how he can obtain the most useful training and instruction within reasonable limits as to time and expense.

It would not seem difficult to so modify the college curriculum as to enable the student to acquire knowledge that would be directly useful in his profession, without material sacrifice of the general culture which it is the object of a liberal education to impart. The natural sciences have a value of their own as a mental discipline, which is practically admitted by their introduction, to a greater or less extent, into the course of study of all our literary colleges. In most of them there is more or less choice allowed the student during the last two years of his course, and some, at least, provide a certain amount of instruction in anatomy and physiology. There is no reason why these studies, properly pursued, may not be of as much value as a means of discipline and culture as physics and astronomy, and need be no difficulty where, as is often the case, a medical school is associated with the college, in making such a substitution. The student, then, having devoted the first two years of his college course to languages and mathematics, might take up, in the last two years, anatomy, human and comparative, chemistry, physiology, histology, and even, perhaps, a certain amount of general pathology, including bacteriology, and still be able to study logic, rhetoric, psychology and philosophy with the remainder of his class. Graduating from college at 22 or 23, with this amount of instruction in the fundamental of medical science, he could easily graduate in medicine in two years more and be prepared to compete, on more than equal terms, with those who had taken the short cut.

The matter of strictly professional education does not need, at present, discussion so much as agitation. That students should listen to lectures on practice of medicine, surgery, obstetrics and therapeutics, while ignorant of the rudiments of anatomy, physiology and chemistry, and that after two brief terms of what can only be considered a parody on instruction, they should be intrusted with the most sacred interests of their fellow men, is an absurdity, to use no stronger term, which needs only to be stated to be condemned, and which would not be tolerated if students and instructors were not willing to subordinate the dignity of their profession and the welfare of their patients to pecuniary profit. The result is that the profession is crowded with half-educated men, while the well-informed and competent suffer in purse from their competition, and in reputation from their ignorance.

Although we have endeavored above to outline the sort of preliminary education that seems to us most desirable for the student of medicine, it would not, probably, be desirable, even if there were any chance of its being brought about, that our medical schools should at once raise their requirements to such a standard. It is not, however, too much to ask that they should require the ability to use the English language with reasonable correctness, and a fair degree of general intelligence, with some sort of mental training, in applicants for admission. Unfortunately it is notorious that this standard is far in advance of the practical requirements of many prosperous schools. A systematic, graded course of instruction extending through at least three years, with practical work in the laboratory and at the bedside, is little enough, in the present state of medical science, to prepare the student for the demands that will be made on his knowledge and skill when the issues of life and death are in his hands. The examinations should be such as to thoroughly test the knowledge and capacity of the applicant for a degree, and should be conducted by persons to whom the quality, not the size of the graduating class, is the important mat-

ter. When such a course as this is adopted, we shall see a notable advance both in the usefulness and the repute of our profession. So long as a medical degree is no guaranty either of general intelligence or professional skill, the whole profession must suffer, not unjustly, for the fault of its unworthy members, and honorable and able men will be classed, in the public estimation, with ignorant pretenders within and without its ranks.

UNIFORM STATE LEGISLATION.

The founding of a nation was not only beset with many perils, but the provision for its varied wants required such labor as only a heroic people could accomplish.

In the development of a commonwealth of such magnitude in such a brief period of time, those needs which only the medical profession could supply have been so great, and the demands to be met so immediate, that we may justly congratulate ourselves upon the success already achieved. Only those familiar with the obstacles to be overcome can appreciate the progress already made.

It is obvious that the time is fully at hand when legislation is needed to remedy that which seems to be otherwise without control, and to perfect the work so well begun. If we are to secure a uniform and reasonable standard of requirements for graduation in medicine, the power to confer degrees must be divorced from those organizations which impart instruction. The legislation which can alone accomplish this is vested in the several States. More than any other organizations, the various State Medical Societies can favorably influence such legislation.

The need of a standard of requirement which shall be uniform in all the States can hardly be over-estimated. The necessity, then, of wise and concerted action on the part of all State Societies becomes obvious, and we hardly conceive of any other means of initiating this great work, so feasible or so promising of good results, as that of securing a national conference of the officers of the State Societies for the discussion of the questions which are involved. May we venture to suggest the expediency of such a conference in connection with the next annual meeting of the American Medical Association at Nashville.

THE JOURNAL will be happy to serve as the medium of communication, if this subject shall favorably commend itself to the officers of the various State Medical Societies. In our next number we purpose to present the present status of medical legislation in the various States.

EDITORIAL NOTES.

HOME.

THE NEW YORK PATHOLOGICAL SOCIETY.—The following officers were elected at the annual meeting of this Society held January 8, 1890: President—Dr. J. West Roosevelt; Vice-President—Dr. H. P. Loomis; Treasurer—Dr. J. H. Hinton; Secretary—Dr. T. L. Stedman; Editor of the Transactions—Dr. G. C. Freeborn; Committee on Admission and Ethics—Drs. W. P. Northrup, H. P. Loomis, R. H. Sayre, J. S. Ely and R. G. Freeman; Committee on Publication—Drs. T. M. Prudden and W. B. James.

DEATHS FOLLOWING THE USE OF A SOOTHING SYRUP.—Dr. A. G. Belleau has called the attention of the Quebec Board of Health to six fatal cases among children following the use of a so-called soothing syrup, which upon examination showed the presence of opium in large proportion. It is supposed that a mistake was made in the compounding of the syrup and four or five times the amount of opium required by the formula was introduced by the mixer. In the case of five of the children the medicine produced convulsions in which they died; so that their deaths were certified as due to that disorder. But when the sixth child fell ill and had a coma, and not convulsion, this irregularity led to the discovery that this intensely soothing syrup had been used, and an inquest by the coroner was ordered. The ordinary soothing syrups of the shops contain more or less opium or morphia and are essentially so dangerous that their sale should be forbidden by law, except under the same conditions as the other preparations of known strength which must be sold and labeled as poisons, if indeed their sale cannot be interdicted altogether.

SIXTY YEARS IN PRACTICE.—Dr. Isaac Coffman, of Phoenixville, Pa., is said to be the oldest living graduate of the University of Pennsylvania. He was graduated in 1827 and has been in almost uninterrupted practice ever since, over sixty years. He does not look like a man who is more

than 60 years old. His eighty-fifth birthday occurred on New Year's day.

ONTARIO MEDICAL ASSOCIATION.—Dr. William Goodell, of Philadelphia, has been invited to deliver an address before the Ontario Medical Association, at the next annual meeting in June. Toronto has been selected as the place of meeting, and the members of the profession in that city are already organized and at work to make the coming convention both useful and attractive.

TYPHUS FEVER IMPORTED.—The importation of typhus fever from Germany is sufficiently rare to be noteworthy. The New York Board of Health have had seven cases of this disease under observation at the North Brother's Island Hospital, of whom all except one are known to have come over on the steamer Westernland. There are doubtless other cases scattered throughout the country, immigrants on that same vessel over which some physicians having seldom to cope with ship-fever have been puzzling to find out why such grave febrile symptoms should attend the prevailing epidemic, and perhaps have seen a strange contagious quality about it. Keep a lookout for all Westernland immigrants.

THE CREMATORY AT TROY, N. Y.—The twelfth crematory in this country has just been finished at Oakwood Cemetery, Troy, N. Y. Two bodies have already been incinerated there. This is the most elaborate structure of its kind in the world, comprising, as it does, a memorial chapel with a lofty tower. It is known as the Earl Memorial Building, given to the cemetery in memory of Mr. Gardner Earl by members of his family. The chapel may be freely used by all who have the privileges of the cemetery. There are now forty crematories in Europe and America. Of these Italy has more than half, while France, Germany, Denmark and Sweden are content with one for each country.

FOREIGN.

CULPABLE EXPERIMENTATION WITH HYPNOTISM.—In one of the law courts of Helsingborg, Sweden, a clear case of hypnotism has puzzled the judges. A young medical student brought suit against a practicing physician in the town for having hypnotized him several times against his will, with the result that his nervous system was injured and his mind was somewhat enfeebled. Several witnesses appeared for the plaintiff, and, to the astonishment of the court, they all appeared to be crazy, and gave the most contradictory and astounding testimony. Hereupon a medical gentleman came upon the stand and further astonished the court by the announcement that his confrère, the defendant, had hypnotized the witnesses and made them say just whatever he liked. Finally the court adjourned the case and appointed a commission to see if the entire crowd were not crazy.

THE death of Prof. von Troeltsch, of Wurtzburg, has been announced by cable as having taken place Saturday, January 11. He was a veteran otologist and a well known writer on diseases of the ear.

FOREIGN UNIVERSITY INTELLIGENCE.—

Berlin.—Dr. Bramann has been promoted to the rank of Extraordinary Professor of Surgery.

Bologna.—Dr. Pellacani, Extraordinary Professor of Pharmacology in Genoa, has been appointed, after open competition Professor of Forensic Medicine.

Cadiz.—Señor Löhr has been selected, after competition, for the chair of Hygiene, and Señor Guedea y Calvo for that of Clinical Surgery.

Palermo.—Dr. Marcacci has been appointed Professor Extraordinary of Physiology.

Prague (Bohemian University).—Dr. C. Schwing has been promoted to the rank of Extraordinary Professor of Midwifery and Gynecology.

St. Petersburg.—Dr. Hoyer, Professor of Embryology and Histology, has been reappointed for a further term of five years, although he has completed thirty years of service. Ninety-five students have passed their final examination this term; of these, thirty-five obtained the note "very good" in more than one-half of the subjects, thus gaining the right to remain at the Academy for further study.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced: Dr. Grigoroff, Ordinator of one of the Moscow hospitals, and author of works on syphilis; Dr. R. Hüber, of the Maria Magdalen Hospital, St. Petersburg; Dr. Ernst von Kade, who acted as assistant to Pirogoff during the Crimean War.

PROFESSOR LEYDEN has been summoned from Berlin to a consultation with the Czar's physicians.

TOPICS OF THE WEEK.

PROGRESS OF THERAPEUTICS.

From a general review of the progress of medicine and surgery during the year 1889, as given in *The Lancet*, we make the following extracts with reference to therapeutics:

"Notwithstanding the numerous public gatherings of the year at which pharmaceutical and therapeutical progress is currently reported, some of the best work is to be found in scattered papers which have been published independently of congresses and associations. It might, indeed, be said that knowledge cannot afford to wait for public meetings, any more than it can be specially manufactured for them. An observer who feels he has something to say, hastens into print in the hope of submitting his views to the experience and criticism of a wider public. On the other hand, the work brought before public gatherings is not infrequently of a somewhat sketchy description, and hence challenges, and sometimes finds, contradiction with increasing experience. Of all the meetings of the year, perhaps that held in Paris was the most disappointing in the material set forth. Still, the year has introduced many new remedies and many valuable contributions to the progress of therapeutics. Some of the new remedies, after being mentioned once or twice, seem to have speedily fallen into obscurity. The ardent accounts of early observers sink into silence which is eloquent. Pyrodine and exalgine are thus in the clouds; the former shrouded in many rumors of danger, the latter in great uncertainty as to its chemical composition. Strophanthus, however, has been attacked with great vigor, and however little its therapeutic position is improved, there is no doubt that Dr. Fraser's researches upon its composition will hold a deservedly high place. This drug has frequently caused disappointment, and a possible explanation appeared to lie in the different varieties with which the market was flooded as soon as it semed to bear any particular commercial value. Very early in the year the French Academy of Medicine agreed that preparations of strophanthus differed in their action from strophanthin, but could not decide which gave the best results. After a brief note upon the natural history of strophanthus read before the Royal Society of Edinburgh, Professor Fraser reserved his energies for the very elaborate paper upon the Chemistry of Strophanthus Hispidus, which was read at the British Pharmaceutical Conference at Newcastle. The reactions of strophanthin and strophanthidin were exhaustively dealt with, and the results of many important analyses and experiments were set forth with great lucidity. Still, in spite of this paper, strophanthus does not appear to be growing in favor with the profession. In its praise it is urged that it possesses no cumulative action, and that its effects are promptly produced; but, on the other hand, there seems no doubt that it may occasionally disturb the alimentary canal, and that, on account of the local irritation it produces, it is not convenient for hypodermic use. Much has been said upon the relative value of opium, morphine and codeine in diabetes; the opinion appears to be gaining ground that codeine has less controlling power than either opium or morphine, and that its therapeutic value is merely that of a weak or diluted morphine. Several highly interesting papers upon opium have touched upon methods of preparation and the use and abuse of opium as a luxury in China. Hypnotics continue to attract attention, and to form the subjects of more or less patient investigation. They illustrate the rule that the newest remedy acts best, and has the least to be said in its disfavor. Paraldehyde still claims many adherents, who refer apologetically to its taste and persistent odor. Urethane is less frequently mentioned; while acetone, hypnone and methylal were almost forgotten until they were brought up as hypnotics possessing inferior properties by Dr. Leech. Another hypnotic which seems, perhaps, to have passed the zenith of its glory is sulphonal; this was first lauded as the ideal hypnotic, which could always be relied upon to produce refreshing sleep without danger, but further experience shows that the sleep is sometimes preceded by excitement, that it is not always refreshing, and that after the employment of the drug there may be a persistent tendency to drowsiness, and occasionally an ataxic disturbance of gait. When, with these disadvantages, the insolubility and the high price are considered, there seems yet room for new hypnotics. These have been forthcoming in chloralamide and somnal; the former is just now passing through the phase when all benefits are observed and recorded, while ill effects (if any) are as yet undiscovered. The latter, which is also described as 'ethylirtes chloral-urethane,' although a very recent introduction, has already been assailed as being chloral-urethane under a new name. Perhaps the lesson of the comparative dissatisfaction given by hypnotics is that *insomnia* is not to be treated merely or chiefly by these remedies, but by attention to the causes and peculiarities of individual cases. The comparative uses of the recent antipyretics have been further investigated, and the positions of antifebrin, antipyrin, phenacetin and others have been more accurately determined; of these, as antipyretics, the general consensus seems in favor of antifebrin and phenacetin, the latter especially having found many advocates. Antipyrin, however, continues to be a fashionable drug and to be used in various forms of neuralgia and also in chorea, but there have been frequent warnings against its employment in conditions associated with cardiac weakness, and it would seem that, besides producing a rash, it may also occasionally give rise to hæmaturia and other grave symptoms. Apart from the above mentioned subjects, the year seems to have been characterized by a greater catholicity of interests than usual. The position of salts of lithia as solvents of uric acid, when compared with corresponding compounds of sodium and potassium, has been restated as being strictly proportional to the molecular weights of the solvents. Salol, of which much had been said concerning the treatment of cholera and of neurelgia, has more recently been recommended for the relief of the pain of renal calculus. The use of antacids in dyspepsia and gravel formed the subject of an interesting paper read at the meeting of the British Medical Association by Sir William Roberts, in which the pre-

ventive treatment of uric acid gravel was touched upon all too briefly. Lactose has been suggested as a diuretic, but the dose recommended presents some difficulties. A more striking innovation is the treatment of chronic uræmia by morphine, which is so contrary to the general principles upon which chronic uræmia has hitherto been treated that it calls for very careful investigation. For the form of diabetes or glycosuria, which is so frequent in elderly stout people, antipyrin has been advocated on account of its power of diminishing the excretion of urinary solids and water, while also allaying the excitability of the nervous system. Important papers have appeared in our pages emphasizing the value of sulphur, recommending the use of the ice-bag in pneumonia, and introducing Sir Joseph Lister's new antiseptic. The pharmacology of the group of nitrites has been further studied, and nitro-glycerine has been suggested as a substitute for alcohol. The troublesome itching so often associated with chronic forms of jaundice is said to be relieved by pilocarpine. The behavior of antipyrin, when prescribed with other drugs, the relationship and sources of the different alkaloids of the belladonna group, the chemical composition of the coca bases, and of cascara sagrada, the actions of ulexin, and the explanation of the actions of abrus præcatorius, have formed the subjects of much valuable and painstaking research during the year. It is needless to refer at length to the progress of pharmacy, but abundant indications show both the readiness of pharmacists to meet the requirements of the medical profession, and also the high estimation already formed of many of the newer preparations.

RICHARD VON VOLKMANN.

Before beginning his lecture in the Surgical Hospital in Berlin on the day after Volkmann's death, PROFESSOR VON BERGMANN addressed his hearers as follows: "About twenty five years have elapsed since Volkmann began his academic career. He was one of the first surgeons who 'domesticated' Lister's antiseptic method in Germany, and the brilliant successes which he gained by it went far to confirm it and to gain its acceptance. Another part of his work was the study of cancerous tumors, and it occupied him till the last days of his life. His great excellence as a clinical teacher and as a military surgeon during the last campaigns is sufficiently known. But it is not only in his capacity as a scientist and operator, but also as a man, that we owe him our admiration, for he was in every respect so true a character, so sincere a man, ever mindful of his great and serious duties. He was a poet too, and a fresh breeze blows through his 'Songs from the Vale of the Sarle;' but especially his widely known and popular 'Reveries at French Firesides' are a proof of his poetic endowment, and a memorial of that time of the great war of 1870-71 which was so glorious for Germany. In him a man has departed who succeeded in gaining a name such as few possess, and who in full measure deserves that his memory be warmly cherished by men of science and by the nation." Dr. von Coler, Physician-General to the Prussian Army, has published the following tribute to Volkmann's memory: "Professor Richard von Volkmann, Surgeon-General *à la suite* of the ambulance corps, head of the surgical hospital of the University of Halle, Privy Councillor in Medical Affairs, and knight of high orders, died on the 28th inst., at Jena. The officers of the ambulance corps deeply and sorrowfully mourn the departure of one of its most eminent members, a master of German surgery and of the treatment of the sick and wounded in war. As in the campaigns of 1866 and of 1870-71, inspired by high patriotism and genuinely philanthropic feeling, friendly to all good and noble things, he devoted his great knowledge and skill to the service of the army, and was a helper and life-saver to thousands. He remained also after the wars as the honored deliverer of advanced courses of lectures for military surgeons, and as an active adviser, and an indefatigable promoter of the interests of the medical and surgical department of the army. The gratitude we owe the deceased lives on with his memory, which will for long be kept fresh by the rich fruits of his blessed work." On his death-bed Volkmann contributed 150 marks to the fund for the erection of a monument of the Emperor Frederick on the battle-field of Wörth. In the letter which accompanied the gift he wrote with a trembling hand: "I think, too, that the only suitable place for the chief national monument of the Emperor Frederick is Wörth." He added that, if his health permitted, he would do all that in him lay for the realization of the scheme. The streets through which his funeral passed in Halle were crowded with spectators.—*The Lancet.*

THE INFLUENZA EPIDEMIC.

The number of cases of influenza rapidly increased last week. Most of the lectures and courses at the hospital had to be suspended on account of the illness of the respective lecturers. The hospital wards, which are filled with patients every year at this season, are now so overcrowded that many patients have to lie on the floor, and numbers of people applying for admission have to be refused. Besides the civil, the military portion of the population is also suffering greatly from the disease, and in some regiments here 30 per cent. had to be sent to the military hospitals from that cause. There are, in addition, many thousands of the population under private treatment; but, as there is no compulsory notification, the number cannot be stated, even approximately. The weather has been somewhat foggy during the last few days, with a rising temperature. The cases which came under observation were altogether of a mild character, the fever lasting only from twenty-four to thirty-six hours, and the patients recovering after two days. Complications were rare, only two cases of catarrhal pneumonia having been observed as a result of influenza up to the present at the General Hospital; but several cases of relapse in patients who had already recovered from the first attack have been reported to me.

Accounts of the outbreak of the disease in several provincial towns of Austria have also been received here. The majority of the physicians in Vienna consider the disease to be non-contagious, and in the course of a lecture delivered last week Professor Nothnagel called attention to the miasmatic character of the disease, which does not spread along the usual lines of traffic.—Vienna correspondence *The Lancet.*

PRACTICAL NOTES.

THE TREATMENT OF INFLUENZA.

M. H. Huchard, writing in the *Revue Gén. de Clin. et de Thérap.* (Dec. 12th), speaks of nervous prostration as being a chief clinical characteristic of severe cases of influenza, requiring for its treatment quinine, alcohol, and in bad cases, even injections of caffein and ether. Quinine, he says, is indicated on account of the markedly remittent type of fever, and to moderate the evening exacerbation it suffices to give a full dose (5 to 15 grains) of the sulphate or hydrobromate in the morning. Smaller doses more frequently taken are useful for their tonic rather than antipyretic effect. In the neuralgic or rheumatoid form of influenza antipyrin (15 grains) combined with bicarbonate of soda (7½ grains) is recommended by M. Huchard, to be taken every four hours, or instead of antipyrin, phenacetin or salol (7 grains). Influenza often assumes a broncho-pulmonary form, and in certain cases is very grave. In the epidemic of "la grippe" in 1886, recorded by M. Menetrier, the pneumonic forms were very asthenic. In such cases, tonics, milk, alcohol, and, in fact, general restorative measures are indicated rather than local applications to the chest. If the dyspnœa became severe, and the condition termed by Graves "pulmonary paralysis" ensues, then strychnia is of value; or in case of impending asphyxia or renal asthma, venesection; but when the asthenia itself threatens life, there should be no hesitation at resorting to hypodermic injections of ether, and especially of caffein. For the gastro-intestinal form, mild aperients, ipecacuanha, and the use of salicylates of bismuth or of magnesia, napthol, or iodoform to promote intestinal antisepsis, are indicated.—*The Lancet.*

THE MECHANICAL DIVISION OF CASEIN IN BOTTLE-FED INFANTS.

The problem of infant feeding, to the majority of physicians, presents some of the greatest difficulties found in practice.

Great as this is in a state of health or when an infant, fairly nourished, is, from any cause, suddenly deprived of the breast, it becomes still greater when digestive irritation or perhaps inflammation has set in.

During the last summer the writer had the usual number of annoying cases of indigestion, with and without intestinal inflammation, and was many times put to his wit's end for something in the way of easily digested food.

Reflection convinced me that if by some means I could mechanically separate the tough coagulum formed by the addition of the gastric juice of the child's stomach from the injested milk, a step in advance would be taken. Of course such division must be undertaken previous to feeding. After some experimenting, I conceived the following plan, which I have put into good use many times.

About two grains of good scale pepsin are dissolved in a dessertspoonful of lukewarm water, and then added to about four ounces of warm milk.

In the course of a few minutes coagulation of the caseine follows. The clotted milk is now put in a cheese cloth bag, and the bag lightly squeezed in the hand.

If the stomach is very irritable and the digestive power exceedingly bad, at first slight force is used. By this means we get, practically, whey, but with a stronger digestion more and more force is applied until almost all the caseine is forced through the meshes in rather fine particles. These are shaken up well in the fluid portions and given, small quantities at a time, by means of an ordinary nursing bottle. My experience has been that caseine thus broken up does not again become blended, but exists as a flucculent rather than a tough mass, resembling in this respect human milk.

Milk thus prepared is given subject to the same rules governing its use in ordinary cases.

It is not pretended that this is the best way of administering food to bottle-fed infants suffering from indigestion or entero-colititis, but only one way. When the reader, like the writer, has tried infant food after infant food, and sees the patient steadily growing worse, he will, I am sure, grasp at any rational, especially if it be simple, means of treatment.—Dr. Frank A. Morrison, *Weekly Med. Review.*

A FOOD FOR INFANTS.

In the summer diarrhœal troubles of infants, where milk in any form disagrees and vomiting is easily provoked, Jacobi says that a mixture which has rendered him valuable services is about as follows: Five ounces of barley-water, the white of one egg, from one to two teaspoonfuls of brandy or whisky, some salt and sugar; a teaspoonful every five, ten or fifteen minutes, according to circumstances. Mutton broth may be added to the above mixture, or may be given by itself, with the white of an egg and some salt. —*Archives of Pædiatrics.*

ECZEMA RUBRUM.

Man, past middle life, who was suffering with one of the forms of eczema, called eczema rubrum. The back of his left hand, fingers and wrist were covered with crusts and scales; the skin was infiltrated and thick; ulceration had exposed the true skin, which looked red and

macerated. This is a sub-acute form of eczema. It began two years ago at the elbow with vesicles and pimples, which were close together. He had some fissures of the skin at that time. There is pain in the skin most of the time; appetite good and bowels regular. No cause could be found for it. Eczema is not purely local, but is a constitutional disease, dependent on some constitutional derangement. Externally he was ordered:

℞. Cocainæ hydrochloratis . . . . . gr. iij.
Unguenti zinci oxidi benz. . . . . ℥ iss.
Lactis sulphuris . . . . . ℥ j.
Acidi carbolici . . . . . gr. ij.

Misce, fiat unguentum et signe: Apply locally twice daily.

Internally he was given:

℞. Sodii arsenitis . . . . . gr. j.
Extracti gentianæ . . . . . gr. xx.

Misce, fiat pilulas No. xx, et signe: One pill three times a day,

One week later this man returned and was nearly well. Treatment was continued.—*Shoemaker.*

SUBSTITUTE FOR IODOFORM.

Dr. Benjamin has found the following to answer the same purpose as iodoform when used as a surgical dressing:

℞. Zinci oxidi . . . . . ℥ ij.
Hydrarg. chlor. corros. . . . . gr. j.—M.

Subject the oxide of zinc to a temperature of about 200° F. for a few hours before mixing, then mix when cool and place in an air-tight box until ready to use it. This is thoroughly antiseptic and does not possess the disagreeable odor of iodoform.—*Times and Register.*

ANTIDOTE FOR MORPHINE.

Professor Arpad Bokai (*Inter. Klin. Rundschau*) recommends picrotoxin as an antidote for morphine, on the ground that it exerts an antagonistic action to morphine on the respiratory centres; also that it is a powerful stimulant to the vaso-motor centre, and in this respect likewise an antagonistic to morphine; further, that the action of morphine on the cerebrum is directly opposed to that exerted by picrotoxin, and, finally Professor Bokai suggests that the previous administration of a small dose of picrotoxin might reduce the danger of asphyxia in chloroform and narcosis.—*Am. Jour. Pharmacy.*

Acute inflammation of the bladder is immediately relieved by the following mixture taken every two hours: Infusion of uva ursi, ℥iv; bicarbonate of soda. gr. x.—Woodbury—*Times and Register.*

Antiseptic solution for sponges is recommended by Prof. Berrens to be made by dissolving thymol 1, in alcohol 4, and adding distilled water 1,000 parts.—*Gaz. Gynoc.*

SOCIETY PROCEEDINGS.

American Academy of Medicine.

Annual Meeting at Chicago, November 13, 1889.

DR. JOHN H. RAUCH, Secretary of the Illinois State Board of Health, presented the following paper:

ILLINOIS ARMY BOARD OF MEDICAL EXAMINERS.

As a contribution to the history of the regulation of the practice of medicine by the State of Illinois, I submit the results of the work of the Illinois Army Board of Medical Examiners during the war of the rebellion, gathered from the records of the Adjutant-General's office, from reports and papers of Dr. H. A. Johnson, of Chicago, and from my own personal experience and observation.

Although, as shown in our reports on medical education, efforts had been made, from time to time for more than forty years,[1] to establish some test of fitness of those engaged, or offering to engage, in the practice of medicine, the creation of this Army Board and the work which it accomplished were the first practical results in this direction. From the hundreds of medical men who tendered their services with patriotic zeal—often with an excess of patriotism which obscured their recognition of the demands of military service—there were selected a corps of over 660 surgeons and assistant surgeons whose record as faithful, competent, and in many cases brilliant officers was not surpassed by any similar body engaged in the defense of the Union. It is not too much to say that the reputation for endurance, pluck and effectiveness which Illinois troops early won and sustained throughout the war, was due in no small measure to the skill, forethought and devotion of the Illinois medical staff. This has been fully testified to by the highest medical authorities.

These gentlemen, impartially and conscientiously selected solely on the basis of personal worth and professional fitness, went into the service and the field more thoroughly equipped and better qualified for the discharge of their duties than did any other class of volunteer officers, either of the line or the staff. I very distinctly remember the impression created on my own

[1] While still a territory and sparsely settled, only along the river fronts and water courses of Southern Illinois, efforts were already being made by the pioneer practitioners to regulate the practice of medicine and to foster the cause of medical education. In 1817 an Act of the Territorial Legislature—with a preamble reciting that "well regulated medical societies have been found to contribute to the diffusion of true science, and particularly to the knowledge of the healing art"—divided the Territory into two medical districts. All that portion of the Territory lying east of the meridian line, "running due north from the mouth of the Ohio," formed the Eastern Medical District, and that west of said line formed the Western Medical District. For historical summary of these efforts see "Medical Education and the Regulation of the Practice of Medicine in the United States and Canada," "Fifth Annual Report of the State Board of Health of Illinois," p. 52 et seq.

mind when, after having served for some time in departments where Illinois regiments were scarce, a corps composed almost entirely of our own State troops was added to the command in which I was serving as Medical Director. The hospital staff and appointments were in excellent and effective order; the medical and surgical records were complete and intelligently kept; the sanitary discipline and police regulations of the camps were admirable, and, as a result, the proportion of "effectives for duty" was maintained much above the average—in striking contrast to regiments from other States in the same command.

This is said without invidiousness and only as bearing upon the work of the Army Medical Examining Board, the first practical step in Illinois toward regulating the practice of medicine under the authority of the State. It may also, and properly, be said that the survivors of those who were thus selected returned to the State at the close of the war to speedily occupy the foremost places of professional and social influence in their respective communities. About 160 of these are still living, but their ranks are rapidly thinning out, and it has occurred to me, while there is yet time, to put on record in the proceedings of this Board some account of the manner in which the medical staff of the Illinois contingent was provided, and a complete roster of the names of its members. This seems proper as a matter of justice and in the interest of history.

In the organization of the first brigades of Illinois troops the State Legislature, in April, 1861, constituted a Medical Board to carry out the intent of a general order of the War Department, implied in the phrase which authorized the appointment of regimental medical officers, "after having passed an examination by a competent medical board appointed by the Governor of the State." This order was not mandatory, but permissive only, and it was left to the Governors of the several States to determine whether or not it should be carried into effect; in fact it was not, in many of the States, made operative, and medical officers were appointed in some by a State officer known as the Surgeon-General, and in other States by the Governors, on recommendation of regimental officers, civilians or politicians. In the former case, where the selections were made by the Surgeon-General of the State, the appointments were for the most part wise, but not uniformly so; and on the other hand, where there was no medical authority to discriminate between applicants, the two extremes of qualification were found—a few well qualified and a large number of incompetents.

Governor Yates, however, who early won the appellation of the "soldier's friend" by his devotion to those who went forth to battle, seized this opportunity for securing competent medical officers for the 200,000 men which Illinois sent into the field during the war. In one of his papers on this subject Dr. Johnson tells the following incident, which well illustrates the attitude of our great "War Governor" toward the Army Medical Board:

[Extract from "Medical War Memories," by H. A. Johnson, M. D., Chicago, read before the Loyal Legion, Chicago, February 9, 1888; p. 8.]

"During the first week of our work a physician, and an intimate friend of Governor Yates, came before the Board and was found so deficient that we could not recommend him even for assistant surgeon. We had already rejected several candidates of much pretension, and as they were still in Springfield and had, to some extent, the confidence of the colonels who had nominated them, a united effort was made to override the action of the Board. We were represented as either ignorant or prejudiced, our examinations were characterized as technical, and our decisions influenced by personal friendship, or by other unnamed motives.

"On the evening of the day when the Governor's friend was sent back the Governor came to my room and asked why Dr. —— had not been recommended? I told him that the Board gave the doctor a patient hearing and that the answers to practical questions, as well as his written dissertation, made it impossible for us to ask for his appointment. That as we were made the judges of qualification, we must do our duty in that station in which it had pleased the Governor of Illinois to place us. He replied, 'I am extremely sorry that Dr. —— has failed to pass, but I am not surprised.' Then turning to me he added, 'For our boys who go from home and its comforts to the battlefield and its dangers I want to do the very best I can, and I pledge you that I will commission no one as surgeon or assistant surgeon, whom you cannot recommend.' This promise he kept very faithfully, and although for a few days there was a great clamor for the scalps of the Medical Board, there came from the Executive chamber no further questioning as to reasons for our action."

As first constituted the Illinois Army Board of Medical Examiners consisted of Drs. N. S. Davis, of Cook County, Charles Ryan, of Sangamon County; Geo. W. Stipp, of McLean County; William M. Chambers, of Coles County, and Dr. Carpenter, of St. Clair County. Candidates were required to pass an examination before this Board and obtain its recommendation as a condition of appointment and commission. As time developed the need for further troops, and new calls were made, the Medical Board was reorganized June 14, 1861, under General Order No. 25 of the War Department. This new Board consisted of Drs. Hosmer A. Johnson, of Chicago: Henry Wing, of Collinsville; Henry W. Davis, of Paris; O. M. Bryan, of Sycamore, and Robert Roskotten, of

Peoria. Dr. Davis was subsequently appointed Surgeon of the Eighteenth Illinois Infantry, and Dr. D. H. Green, of Salem, was appointed to fill the vacancy. Dr. Bryan and Roskotten were promoted to the positions of brigade surgeons in the fall of 1861, and during the greater part of 1862 the Board consisted of Drs. Johnson, Wing and Green. In the fall of 1862 Dr. A. L. McArthur, of Joliet, and Dr. Daniel Brainard, of Chicago, were appointed to fill the vacancies created by the promotion of Drs. Bryan and Roskotten. Dr. Johnson, as President of the Board, continued to devote himself to this work, and to frequent inspections of the sanitary and medical condition of Illinois troops, as well as to active service in the field on occasion, until February, 1865; and the experience thus gained has since been continuously employed most usefully for the public and the profession in the broad field of preventive medicine and in the various health services of the city of his residence, of the State and the Nation.

At the date mentioned, February, 1865, Drs. Johnson and Wing resigned. Dr. Rufus S. Lord, of Springfield, was appointed a member, and the Board was thenceforth, until the close of the War —two months later—composed of Drs. Brainard, Green and Lord.

Drs. Wing, Brainard, Green and Lord are long since dead, and Dr. McArthur recently; Drs. H. A. Johnson, N. S. Davis, W. M. Chambers, O. M. Bryan and Robert Roskotten still survive.

The first session of the permanent Board—appointed June 14, 1861—was held in the city of Springfield on the 18th day of June, 1861, when an organization was effected by the election of H. A. Johnson, President, and O. M. Bryan, Secretary. Subsequently, upon the resignation of Dr. Bryan, Dr. Wing was elected Secretary.

Soon after its organization the Board received a letter from the Secretary of War, instructing it to be governed by the Army regulations: "To investigate carefully the physical ability, moral character and professional attainments of each candidate, and to report favorably for appointment and promotion in no case admitting of a reasonable doubt."

In order to accommodate the candidates as far as possible, sessions of the Board were held at Springfield, Chicago, Cairo, Alton and in the field.

I quote the following verbatim from the report of the Board, made December 13, 1862, to Adjutant General Fuller, showing the work accomplished during the first nineteen months:

"The whole number of candidates whose names have been registered on our books is 793. The whole number examined, as reported in the list which accompanies this, is 495. Of these 159 have been recommended for the office of Surgeon; 266 have been recommended for the office of Assistant Surgeon; and 70 have been rejected.

"In addition to these cases reported, a very considerable number of candidates, after a partial examination, have become conscious of their deficiencies, and have requested permission to withdraw their application. This request has, we believe in every case, been granted, with the understanding that it was not to be made a matter of record, and that they were in all respects to be considered as unexamined.

"There is still another class of cases in which the examinations are not yet completed. Men of good moral character, and with the ability to be useful, but who are deficient in some one department of medicine or surgery, have, in several instances, been advised to withdraw for a time, and to devote themselves to study with reference to a further examination. These cases are still unrecorded.

"For convenience we may divide the candidates into three classes:

"1. Those whose study and practice have made them familiar with the whole field of medicine and surgery. This class is necessarily very small, but the Board is happy to know that there are such men in the service.

"2. Those who, assuming the title of doctor, have never received the first rudiments of a medical or surgical education. As a general rule, we have found their ignorance only equaled by their impudence. It is unfortunate that these men have often gained the confidence of regiments and the nomination of Colonels to the exclusion of better but more modest applicants.

"3. By far the larger proportion of those who have presented themselves have been men of moderate attainments, capable of much usefulness in private practice, but unaccustomed to study, and able only with difficulty to express their ideas or demonstrate their knowledge.

"In the examination of the first and second classes, but little time has been consumed, but in order to judge correctly of the third class, much patience has been necessary. The habits of mind, methods of reasoning and probable action in any given case, have been subjects of study, and the Board has often been compelled to form a judgment not so much upon the actual knowledge developed in the examination as upon the evidences of good sense, sound judgment and adaptation to the service. The examinations have consisted in an investigation:

"1. Of the moral character of the candidate.
"2. Of his professional character.
"3. His experience and adaptation to the work.
"4. His knowledge of his profession."

During the War a total of about 1,250 applicants were examined by this Board in the manner already described, and 664 were recommended for appointment and commission—188 as Surgeons and 476 as Assistant Surgeons. Of these latter 114 were subsequently reëxamined and promoted to the rank of Surgeon.

The professional and personal character of the men thus selected was so high that—although many of them had not graduated in medicine and consequently were without the diploma specified in the Medical Practice Act as entitling its possessor to the certificate of the State Board—the credentials of this Army Medical Examining Board were accepted as proof of the qualifications required by the Act, and the survivors in 1877 were registered as certificated physicians by the formal action of the State Board.

Of this number, I take pleasure in saying, there was only one who was dismissed the Army. As nearly as I can ascertain, of the total number who passed this Examining Board, there are only 240 now living. They will be found, as a rule, to be among the most reputable and prominent practitioners in the communities in which they reside. A roster of all who passed this examination will be printed in the forthcoming Tenth Annual Report of the Illinois State Board of Health.

NECROLOGY.

David Prince, M.D.

We are pained to record the death of Dr. David Prince, who died at his residence in Jacksonville, December 19, aged 73 years. His last illness was pneumonia, and he suffered but a few days.

Dr. Prince was born in Brooklyn, Windom county, Conn., June 21, 1816. Later he removed with his parents to Canandaigua, N. Y., where he was educated at the academy. Then he began the study of medicine at the College of Physicians and Surgeons, New York, and completed it at the Ohio Medical College at Cincinnati. At the latter city he assisted for a year and a half the distinguished surgeon, Dr. Muzzy.

In 1843 he moved to Jacksonville, and for five years was professor of anatomy in Illinois College. During his professorship, Dr. H. K. Jones, of that city, and Dr. Wing, of Collinsville, were graduated from the department. For three years he practiced at St. Louis and delivered a course of lectures on surgery at the St. Louis Medical College. In 1852 he returned to Jacksonville. Fifteen years later he bought Judge Thomas' property on South Sandy street, and established the sanitarium, which has ever since enjoyed uninterrupted prosperity and an extended reputation, and has proved invaluable to hundreds of patients who have been treated there.

Dr. Prince paid especial attention to surgery, and he was a famous expert in that line of medicine, both as an operator, a student, an inventor and a writer. He knew surgery thoroughly in every detail. He was a man of progressive ideas also. He read all the current literature on the subject, even French and German publications in the original, and he kept thoroughly abreast of the times. When any new thing met with his approval he adopted it. He wrote numerous pamphlets and periodical articles which have enjoyed an extensive circulation and a high authority among the profession. His treatise on Plastics and Orthopædics has been used as a text book in medical colleges. He visited Europe twice, once as a delegate to the international medical congress at London in 1881, and later to the Copenhagen congress in 1884. On these occasions he visited the hospitals in London, Paris and Berlin, and made careful investigations at them. During the latter part of the war, for fourteen months, he was brigade surgeon in Graves' brigade, Army of the Potomac. When soldiers of his brigade were captured and sent to Libby prison, he voluntarily gave himself up and went along with them in order that he might attend them. He was a prisoner himself, but was accorded special privileges, such as walking about the city with a guard. At the close of the war he was employed at New York ten months by the sanitary commission in writing of the medical history of the war. He was a prominent and valuable member of many societies, among them being the International Medical Congress, the American Medical Association, the American Association of Railroad Surgeons, the American Surgical Association, the Illinois State Medical Society, of which he was once president, the National Public Health Association, the Morgan County Medical Society, of which he was a founder and charter member, the Tri-State Medical Society, the Jacksonville Microscopical Society, and the Club, one of the strongest of Jacksonville's literary societies. He enjoyed the friendship and esteem of many distinguished medical men, among them being Dr. Hamilton, of New York, and Dr. N. S. Davis, of Chicago. He was the first man in the State of Illinois to administer ether.

Dr. Prince was a man of magnificent brain and splendid character. Not in medicine alone, but in all knowledge he was learned and profound. Almost everything that pertained to the welfare of mankind interested him, and his interest was not only passive and contemplative. It was active and energetic. He was a philanthropist. He gave money liberally. He gave his time and skill many times to patients without charge to them. He was one of Jacksonville's most public-spirited citizens. He helped along many public enterprises. The public welfare was his private care, and he promoted it by every means in his power. On all public questions his pen was quick to furnish valuable suggestions in communications to the press, which were remarkable for the thoroughness and impartiality with which the subject had been investigated and

considered. He was a clear, cool-headed, far-sighted student and thinker, a man who liked to investigate everything fully and carefully with an eye single to arriving at the truth. He was a member of the Board of Education for many years, and in that capacity rendered the schools of the city invaluable services. The death of Dr. Prince is a calamity to the profession, to the city and to his family.—*Peoria Med. Monthly.*

BOOK REVIEWS.

FOODS FOR THE FAT. A Treatise on Corpulency and a Dietary for Its Cure. By NATHANIEL EDWARD DAVIES, M.R.C.S. American Edition. Edited by CHARLES W. GREENE, M.A., M.D. Pp. vii, 138. Cloth, 75 cts. Philadelphia: J. B. Lippincott & Co. 1889. Chicago: A. C. McClurg & Co.

In this work, after a short discussion of the relations subsisting between food and corpulency, in which the various systems for the reduction of superfluous fat are briefly considered, the author spreads before us a vast array of very enticing dishes of which we are assured that the most corpulent of mankind may partake freely and with benefit. Particular attention is given to the uses of saccharin in the treatment of corpulency, and the author informs us that from personal experiments he can assure us that for all household purposes where it has been necessary to use sugar saccharin is a perfect substitute. The author does not aim at the very rapid reduction of weight, but rather at the sure and safe removal of unnecessary burdens of fat.

ABDOMINAL SURGERY. By J. GREIG SMITH, M.A., F.R.S.E., Surgeon to the Bristol Infirmary, Lecturer on Surgery Bristol Medical School, late Examiner in Surgery University of Aberdeen, Fellow of the Royal Medical and Chirurgical Society, London, Honorary Fellow of the American Society of Obstetricians and Gynecologists, etc. Third edition. Pp. 800. Philadelphia: P. Bakiston, Son & Co. 1890.

Some indication of the necessity for such a work as the one before us may be drawn from the fact that it has passed rapidly to a third edition in two years. The work is exactly what it purports to be—a systematic work on abdominal surgery thoroughly revised to date. The designer's scope can be readily obtained from a glance at the headings of the sections, which are fourteen in number, and as follows:

I. Diagnosis of Abdominal Tumors.
II. Abdominal Operations Considered Generally.
III. Operations on the Ovaries, the Fallopian Tubes and the Broad Ligaments.
IV. Operations on the Non-Gravid Uterus.
V. Operations on the Gravid Uterus, and for Ectopic Gestation.
VI. Operations on the Stomach.
VII. Operations on the Intestines.
VIII. Operations on the Kidneys.
IX. Operations on the Liver and Gall Bladder.
X. Operations on the Spleen.
XI. Operations on the Pancreas.
XII. Unclassified Operations.
XIII. Supra-Pubic Cystotomy.
XIV. Operations for Abdominal Injuries and Inflammations.

To the work is appended a comparatively exhaustive bibliography, not by any means an unimportant addition to any comprehensive scientific treatise. The style of the writer is good, and the method, together with the well selected subject matter, makes a very entertaining and instructive book for the student and a valuable reference book for the surgeon. The illustrations, while not elaborate, are well conceived and executed. The work gives one the impression of being the outcome of the labors of a practical surgeon, and it certainly is; and while the views of the author on antiseptic methods may not gain for him the unqualified applause of the extreme germicidists, they will certainly be found consistent with successful surgery. The publishers' work is excellent.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Fourth session, held in Washington, D. C., Sept. 18, 19 and 20, 1889. Philadelphia: Wm. J. Dornan. 1889.

This volume contains nineteen papers, which are remarkable for the uniformity of their excellence. All the papers are on subjects relating to internal medicine, and most of them exhibit a large amount of original research. No better work can be shown by any Society.

A HANDBOOK OF DERMATOLOGY FOR THE USE OF STUDENTS.—By A. H. OHMANN-DUMESNIL, A.M., M.D., Professor of Dermatology, St. Louis College of Physicians and Surgeons; Consulting Dermatologist to the St. Louis City Hospital, etc. Illustrated. Pp. viii, 167. St. Louis: St. Louis *Med. and Surg. Journal* Publishing Co.

This is one of a growing class of books instigated by the request of students to their teachers for a *résumé* of forthcoming lectures. It is not intended, as the writer frankly admits, "to fill a long felt want, but rather as a guide to students in their reading." Employed in this manner it may certainly be of advantage to such readers, but it is no more than an outline of the subject of dermatology, and can in no wise serve as a substitute for the complete works. The author has done well in giving the synonyms, scientific and vulgar,

for the most approved names of the diseases considered. This is often of no small advantage to the student.

TRANSACTIONS OF THE THIRTY-NINTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY, held in Jacksonville, May 21–23, 1889. Cloth. Pp. xxxiv, 409. Chicago: Jameson & Morse Co.

The work of this Society for the present year is of a very creditable character. In all thirty-four papers, covering a wide range of topics, were read. Much interest was evidently manifested in the proceedings, and the members present were agreed that the meeting was one of the most successful ever held by the Society. The Transactions appear in particularly good form; indeed, it is not too much to say that the volume may well serve as a model for reports of this character.

The next meeting of the Society will be held in Chicago, beginning Tuesday, May 20, 1890.

NINTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Transmitted to the Legislature February 26, 1889. 8vo, paper. Albany. 1889.

The text proper of this very voluminous report comprises 609 pages; but an equal amount of "bulk" is added consisting of maps and diagrams, many of which are of little or no value, and could have been left out without injury to the report. If such reports as the above are worth publishing at all, they are certainly worth preserving, and should be put up in a more durable and less clumsy style than the present pamphlet form. However, the report shows that the Board is doing much valuable work. The report of the Public Analyst is interesting, but much of his work is of value only from a commercial standpoint and not as affecting the public health.

SAUNDERS' QUESTION-COMPENDS, No. 5, ESSENTIALS OF OBSTETRICS. Arranged in the form of questions and answers; prepared expressly for students of medicine by WILLIAM EASTERLY ASHTON, M.D., Dem. of Clin. Obstet. in Jefferson Med. Col., Chief of Clinics for Diseases of Women in Jefferson Med. Col. Hosp., etc. Illustrated. Tenth thousand. Pp. xi–220. Philadelphia: W. B. Saunders. London: Henry Renshaw. Melbourne: George Robertson & Co. 1890.

This book is one of the very best of the Saunders series. The subject is treated in a remarkably clear and concise manner, with due regard to the proportionate representation of its various branches. The book is thoroughly well prepared and is carefully indexed. It cannot fail to subserve a useful purpose in the direction indicated.

ASSOCIATION NEWS.

American Medical Association—Forty-first Annual Meeting.

Section of Practice of Medicine.

The officers of the Section of Practice of Medicine request all those who desire to read papers in that Section at the meeting of the American Medical Association, to be held in Nashville, Tenn., May 20–23, to send the titles thereof to either of the undersigned before Feb. 15, 1890.

J. H. MUSSER, Chairman,
N. E. cor. 40th and Locust Sts., Philadelphia, Pa.
H. MCCOLL, Secretary,
Lapeer, Mich.

Section of Laryngology and Otology.

All those who desire to read papers before the Section of Laryngology and Otology, at the next meeting of the American Medical Association, to be held in Nashville, Tenn., May 20–23, are requested to send the titles of the same to either of the undersigned before February 15, 1890.

JOHN O. ROE, M.D., Chairman,
28 N. Clinton St., Rochester, N. Y.
FRANK H. POTTER, M.D., Secretary,
273 Franklin St., Buffalo, N. Y.

MISCELLANY.

THE EPIDEMIC.—What name shall be given to the tiresome, if not grave, epidemic which in less than a month has overrun Europe from North to South, and which is now spreading to the New World? Is it the grippe, the dengue, or the influenza? At the Société Médicale des Hôpitaux there is no more harmony of opinion on this score than at the Société de Médecine Pratique or the Académie. M. Legroux regards it as an atypical grippe; Sevestre and Chauffard consider it as a twin disease, one feature of which is the classical grippe, and the other a disease characterized by important phenomena, such as pain, eruption and absence of catarrh; Nicolas and Rousel recognize in it the dengue.

At the Académie Proust declared that the real epidemic presents neither the phenomena of the dengue nor those of the classical grippe. Bronardel, comparing the epidemic with earlier ones that have preceded it, accounts of which have been preserved, pronounces in favor of the grippe, in spite of the absence of catarrh. Léon Colin adopts the same opinion, as does also M. Bouchard, but for other reasons, mainly those associated with the contagious character of the disease. Dujardin-Beaumetz and Bucquoy refrain from committing themselves, but incline to the opinion that the disease is the dengue, the characteristics of which have been modified by its invasion of the cold countries.—*L'Union Méd.*

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—At the stated meeting of the Medical Society of the District of Columbia, held January 6, 1890, the following officers were elected for the year 1890: President—Swan M. Burnett, M.D.; Vice-Presidents—George N. Acker, M.D., and G. Wythe Cook, M.D. Treasurer—C. W. Franzoni, M.D.; Recording Secretary—Samuel S. Adams, M.D.; Corresponding Secretary—Thomas C. Smith, M.D.;

Librarian—J. H. Mundell, M.D.; Board of Examiners—Geo. N. Acker, M.D., Samuel S. Adams, M.D., C. H. A. Kleinschmidt, M.D., H. L. E. Johnson, M.D., and Llewellyn Eliot, M.D.; Board of Censors—John T. Winter, M.D., L. L. Friedrich, M.D., and George C. Ober, M.D.

PROF. VIRCHOW is engaged upon a new edition of his "Cellular Pathology," which he intends to publish on the occasion of the International Medical Congress. The last (fourth) edition of this work appeared in 1872.

FOREIGN PHYSICIANS PRACTICING IN FRANCE.—In compliance with numerous demands on the part of the medical profession, which complains of the large number of foreign physicians engaged in practice in France, the Minister of Public Instruction has just decided that no authority will be granted to foreigners to practice medicine in France except after thorough enquiry regarding their fitness, together with an examination of the worth of the diplomas which they present.

HEALTH IN MICHIGAN.—For the week ending January 4, 1890, the postal card reports indicate that scarlet fever, influenza, puerperal fever, cerebro-spinal meningitis, inflammation of brain, remittent fever, membranous croup, cholera infantum and cholera morbus increased, and that measles, typhoid fever, whooping-cough and dysentery decreased in area of prevalence. (Influenza increased 103 per cent. over the preceding week.)

At the State Capital the prevailing winds for the week ending January 4 were southeast, and compared with the preceding week the temperature was lower, the absolute humidity was less, the relative humidity and the day and night ozone were more.

Including reports by regular observers and others, diphtheria was reported present during the week ending January 4 and since at 27 places—Bainbridge tp., Breitung tp., Caseo tp., Detroit, Evart, East Saginaw, Genesee tp., Grand Rapids, Gaines tp., Howell, Hastings, Hillsdale, Kalamazoo, Lansing, Muskegon, Manistee tp., Richland tp., Rich tp., Ravenna tp., Saginaw, Spalding tp., Tarch Lake tp., Taylor tp., Texas tp., Trowbridge tp., West Branch and Winfield tp.; scarlet fever increased by 83 per cent. and was reported at 33 places—Brighton, Bliss tp., Center tp., Carunna, Concord, Caledonia tp., Dundee, Denver tp., Detroit, East Tawas, Eagle tp., Fabius tp., Grand Rapids, Grass Lake, Howell, Howell tp., Howard City, Kalamazoo, Keeler tp., Metamora tp., Muskegon, Monroe, Newberg tp., New Buffalo, Novi tp., Newton tp., Plymouth, Superior tp., Spring Lake, Sand Beach tp., St. Johns, West Branch and White Water tp.; typhoid fever at 18 places—Albion, Cadillac, Cannonsburg, Corunna, Clam Lake tp., Detroit, Deerfield tp., Grand Rapids, Gladstone, Muskegon, Maple Grove, Metamora tp., North Star tp., Penn tp., Richland tp., Taylor tp., Wyandotte and Wakefield tp.; measles decreased by 64 per cent., and was reported at four places—Charlotte, Fowler, Grand Rapids and Otsego.

LETTERS RECEIVED.

Dr. S. E. Strong, Pilot Knob, Mo.; Dr. A. W. Strickler, Scottdale, Pa.; Dr. Wm. Barton Hopkins, Philadelphia; F. C. Lewis, Catskill, N. Y.; T. W. Hannaford, London, Eng.; Dr. W. H. Seibert, Steeltin, Pa.; Dr. Philip Coombs Knapp, Dr. Henry O. Marcy, Harvard Medical School, Boston; E. Steiger & Co., New York; Dr. W. M. Harsha, Chicago; E. P. Donnell Mfg. Co., Chicago; Dr. J. W. Small, New York; Dr. Harold N. Moyer, Chicago; Chicago, Milwaukee and St. Paul Ry., Milwaukee, Wis.; The Subscription News Co., Chicago; Dr. D. Bernardino Collins, Muscoda, Wis.; Dr. W. H. Oliver, Fernwood, Ill.; American and Continental Sanitas Co., New York; Mrs. Brevington, St. Mary's, O.; W. H. Sheiffelin & Co., New York; Dr. Gershom H. Hill, Independence, Ia.; Stanley Day, New York; Paris Medicine Co., Paris, Tenn.; Cheesebrough Mfg. Co., New York; Londonderry Lithia Spring Co., Nashua, N. H.; Fairchild Bros. & Foster, New York; Dr. L. C. Loomis, Washington, D. C.; Dauchy & Co., New York; Dr. Hugh Hamilton, Harrisburg, Pa.; Dr. Joshua M. Cooper, Meadville, Pa.; Dr. Geo. Seiler, Alma, Wis.; Dr. R. M. Wyckoff, Brooklyn, N. Y.; Dr. John F. Moran, Washington, D. C.; J. H. Bates, New York; Battle & Co., St. Louis, Mo.; Dr. M. Donelly, New York; Travers E. Gooding, Paris, Tex.; Dr. M. M. Togg, Hightstown, Pa.; Dr. J. T. Kane, Patterson, N. J.; Philadelphia Polyclinic, Philadelphia; Dr. J. M. Barrier, Illawara, La.; Lambert Pharmacal Co., St. Louis, Mo.; Horlicks Food Co., Racine, Wis.; Doliber, Goodale & Co., Boston, Mass.; Dr. Wm. W. Pearse, Waukegan, Ill.; Rio Chemical Co., St. Louis, Mo.; W. P. Cleary, Brooklyn, N. Y.; Woman's Medical College, New York; Dr. L. G. North, Tecumseh, Mich.; Parke, Davis & Co., Detroit, Mich.; Dr. L. S. Trowbridge, Detroit, Mich.; Dr. H. Soule, Ann Arbor, Mich.; Dr. Seely, Faribault, Minn.; Dr. A. E. Campbell, New Holland, Ill.; Dr. John O. Roe, Rochester, N. Y.; Dr. H. Wardner, Anna, Ill.; Dr. H. Holbrook Curtis, New York city; Dr. H. McColl, Lapeer, Mich.; Dr. A. H. Carpenter, Milwaukee, Wis.; Dr. J. H. Brooks, Dixon, Ill.; Dr. F. S. Crossfield, Hartford, Conn.; Hance Bros. & White, Philadelphia; Dr. Henry B. Baker, Lansing, Mich.; Dr. Herbert C. Jones, Decatur, Ill.; Chas. Stover, Amsterdam, N. Y.; Dr. S. C. Plummer, Jr., La Verne, Minn.; J. H. Bates, New York City; Dr. S. T. Gray, Albia, Ia.; Dr. Arthur Sweeny, St. Paul, Minn.; Dr. Fred Dunn, Council Grove, Kan.; Dr. J. W. Long, Byan, O.; Dr. W. Brodie, Detroit, Mich.; Dr. James Milligan, Indianapolis, Ind.; Dr. M. G. Parker, Lowell, Mass.; The Kenyon News and Postal Subscription Co., Chicago.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, U. S. Army, from January 11, 1890, to January 17, 1890.

By direction of the President, Major Leonard Y. Loring, Surgeon, will report in person to Col. Benj. H. Grierson, Tenth Cavalry, President of the Army Retiring Board at Los Angeles, Cal. Par. 3, S. O. 6, A. G. O., January 8, 1890.

By direction of the Secretary of War, Capt. R. B. Benham, Asst. Surgeon, is relieved from duty in the Dept. of the Platte, to take effect upon the abandoning of Ft. Laramie, Wyo., and will then report to the commanding officer at Madison Bks., N. Y., for duty at that station. Par. 8, S. O. 6, A. G. O., January 8, 1890.

Capt. Charles S. Black, Asst. Surgeon U. S. A., leave of absence granted by the commanding officer, Ft. Duchesne, Utah, is hereby extended twenty-three days, with permission to apply to the Adjutant General of the Army for an extension of three months. Par 3, S. O. 1, Dept. of the Platte, January 11, 1890.

Official List of Changes in the Medical Corps of the U. S. Navy for the Week Ending January 18, 1890.

P. A. Surgeon H. B. Scott, granted extension of sick leave for one year from February 1.

Medical Inspector Geo. W. Woods, from Mare Island Navy Yard and to the U. S. S. "Charleston."

Surgeon Ezra Derr, detached from the U. S. S. "Nipsic" and ordered home.

Surgeon Dwight Dickinson, from Mare Island Hospital and to the Navy Yard.

P. A. Surgeon L. B. Baldwin, ordered to the U. S. S. "Michigan."

P. A. Surgeon F. J. B. Cordeiro, from hospital, Mare Island, and to the "Nipsic."

P. A. Surgeon J. M. Edgar, from the U. S. S. "Michigan" and to the Naval Hospital, Mare Island, Cal.

Asst. Surgeon T. B. Bailey, from the U. S. S. "Dale" and to the U. S. S. "St. Louis."